

L20000219018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600349288816

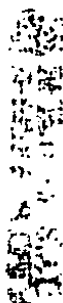
FILED

RECEIVED

2020 JUL 30 AM 11:10

2020 JUL 30 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1 2020

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 7/29/20

**\*\*WALK IN\*\***

ENTITY NAME 930 PLAN LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

Plain Copy

Certified Copy

Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 155.00

ACCOUNT # 120140000108

United Corporate

Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 930 PLAN LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dolores Burton

Name of Person

United Corporate Services, Inc.

Firm/Company

100 State Street, Suite 800

Address

Albany, NY 12207

City/State and Zip Code

chuck@mioretirement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION**  
**OF**  
**930 PLAN LLC**

**ARTICLE I:** The name of the Limited Liability Company is:

930 PLAN LLC

**ARTICLE II:** The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

c/o MIO Media Inc.  
1101 E Cumberland Avenue  
Suite 201H-126  
Tampa, FL 33602

Mailing Address:

c/o MIO Media Inc.  
1101 E Cumberland Avenue  
Suite 201H-126  
Tampa, FL 33602

**ARTICLE III:** The name and street address of the registered agent are:

Mr. Charles Omphalius  
c/o MIO Media Inc.  
1101 E Cumberland Avenue  
Suite 201H-126  
Tampa, FL 33602

FILED  
2020 JUL 30 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Charles Omphalius

**ARTICLE IV:** The name and address of each Manager are as follows:

Title:

Manager

Name and Address:

Charles Omphalius  
54 Turkey Run  
Hopewell Junction, NY 12533

  
\_\_\_\_\_  
Charles Omphalius