Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please....

Email Address:____

FLORIDA LIMITED LIABILITY CO. 800 OMEGA, LLC

PLEASE GIVE ORIGINAL SUBMISSION DATE AS THE FILE DATE 1/5/21*******

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 0 7 2021

T. SCOTT

COVER LETTER TO: New Filing Section Division of Corporations 800 OMEGA, LLC SUBJECT: 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: HOWARD B. NADEL Name of Person HOWARD B. NADEL, P.A. Firm/Company 301 W. HALLANDALE BEACH BLVD Address HALLANDALE BEACH, FLORIDA 33009 City/State and Zip Code HNADEL@RNFLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HOWARD NADEL 455-5100 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee &

Mailing Address

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

Certificate of Status

Street Address

Certified Copy

(additional copy is enclosed)

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

\$160.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

| ARTICLES OF ORGANIZATION FOR F | LORIDA LIMITEDI | LARTI TTV COMPANY |
|--|-----------------------|---|
| ARTICLE I - Name: | | STATE OF COMPANY |
| The name of the Limited Liability Company is. | | |
| mande of the ramined Liability Company is | | |
| | | |
| 800 OMEGA, LLC | | |
| (Must contain the words "Limited Li | ability Comment | |
| A PARTY OF THE PAR | aunity Company, " | L.L.C.," or "LLC.") |
| ARTICLE II - Address: | | |
| The mailing address and street address of the principal offi | ce of the Limited L | iability Company in |
| | | monty company is: |
| Principal Office Address: | | Mailing Address: |
| 822 NE 125th Street | | ···· |
| Suite 100 | | E 125th Street |
| Miami, Florida 33161 | Suite I | |
| | | , Florida 33161 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its over the | Registeral August | |
| (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) | gistered Agent Vo | s Signature: |
| another business entity with an active Florida registration.) | | a must designate an individual or |
| | | |
| The name and the Florida street address of the registered ag | ent are: | |
| HOWARD B. NADEL, | T) 4 | |
| _ | ame | |
| 14 | ame | |
| 301 W. HALLANDALE | BEACH BLVD | |
| Florida street address (P | O. Box NOT acce | pthble) |
| | | putoic) |
| HALLANDALE BEACI | I FLOR!DA | 33009 |
| City | State | Zip |
| laving been named as registered sources. | | • |
| Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appoints | f process for the abo | ove stated limited liability company at the |
| place designated in this certificate, I hereby accept service of iurther agree to comply with the provisions of all statutes relation turn familiar with and accept the obligations of my position as re | nent us registered a | gent and agree to act in this capacity. I |
| im familiar with and accept the obligations of my position as re | ng to thefproper and | complete performance of my duties, and I |
| | gisteren agent as pi | ovided for in Chapter 605, F.S., |
| // [1] | /\/\/!/ | |
| <u> </u> | 7373/41 | |
| Registered | Agent's:Signature (| REQUIRED) |
| 1 | | · · · · · · · · · · · · · · · · · · · |

(CONTINUED)

| ARTICLE IV. The name and address of each person and | horized to |
|--|--|
| The second that | horized to manage and control the Limited Liability Company: |
| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
| MGR | SEBASTIEN SCEMLA |
| | 822 NE 125th Street, Suite 100 |
| | Miami, Florida 33161 |
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| (Use attachment if necessary) | |
| THE MALE UP THING Y | filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after |
| | |
| the document's effective date on the Department of ! | t the applicable statutory filing requirements, this date will not be listed as State's records. |
| the document's effective date on the Department of ! ARTICLE VI: Other provisions, if any. To engage in any and all leaves, | It the applicable statutory filing requirements, this date will not be listed as State's records. |
| the document's effective date on the Department of ! | It the applicable statutory filing requirements, this date will not be listed as State's records. |
| the document's effective date on the Department of ! ARTICLE VI: Other provisions, if any. To engage in any and all lawful business permitted at the limited liability company shall be manager practice. | It the applicable statutory filing requirements, this date will not be listed as State's records. |
| the document's effective date on the Department of ! ARTICLE VI: Other provisions, if any. To engage in any and all leaves, | It the applicable statutory filing requirements, this date will not be listed as State's records. |
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