

L22000336100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

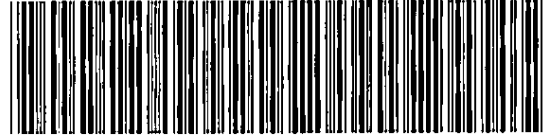
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
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CLERK OF SUPERIOR COURT

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OMNES TECTO 600 LLC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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**ARTICLES OF ORGANIZATION
OF
OMNES TECTO 600 LLC**

**ARTICLE I
NAME**

The name of the limited liability company is OMNES TECTO 600 LLC.

**ARTICLE 2
ADDRESS**

The mailing address and street address of the principal office of the limited liability company are:

Principal Office Address: 3730 Southwest 123 Court
Miami, Florida 33175

Mailing Address: P. O. Box 651069
Miami, Florida 33265-1069

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the registered agent are:

Roxana I. Nasco, P.A.
2600 So. Douglas Road, Suite 913
Coral Gables, Florida 33134

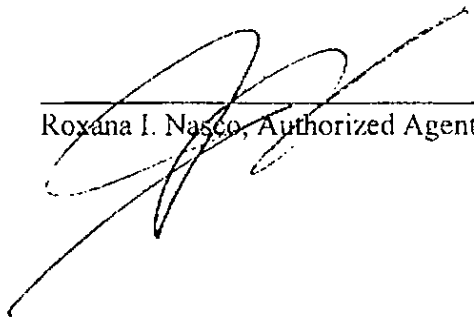
**ARTICLE IV
MANAGEMENT**

The name and address of the person authorized to manage and control the limited liability company is:

Title: Manager	Name and address:	SONOFEZ PROPERTY MANAGEMENT LLC P. O. Box 651069 Miami, Florida 33265
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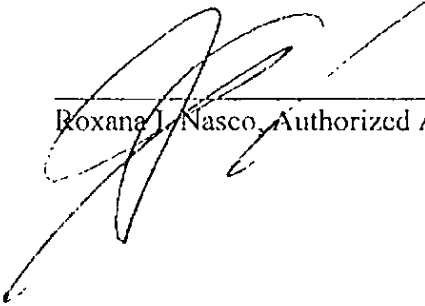
These Articles of Organization is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, Florida Statutes.



Roxana I. Nasco, Authorized Agent

ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above 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 property 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 605, Florida Statutes.



Roxana I. Nasco, Authorized Agent

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