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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CHISHOLM LAW FIRM, PLLC
Account Number : I20220000066
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Fax Number : (888)545-5919

****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.

Omnia Trauma Healing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2023 JAN 10 PM 12:00

2023 JAN 10 PM 12:35

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION OF
Omnia Trauma Healing, LLC
A FLORIDA LIMITED LIABILITY COMPANY
In Compliance with Chapter 608, Florida Statutes

ARTICLE I - NAME

The name of the limited liability company shall be:

Omnia Trauma Healing, LLC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address
of this limited liability company shall be:

4556 Redbud Trail
Niceville, FL 32578

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT’S SIGNATURE:**

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

Alyssa Gavulic Howk
4556 Redbud Trail
Niceville, FL 32578

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 605, F.S..



Alyssa Gavulic Howk

Date: Dec 22, 2022

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ARTICLE IV - MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Alyssa Gavulic Howk
4556 Redbud Trail
Niceville, FL 32578

ARTICLE V - PURPOSE

The purpose of this limited liability company shall be:

For any and all lawful business

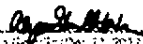
ARTICLE VI – INDEMNIFICATION AND LIMITATION OF LIABILITY

COMPANY SHALL DEFEND, INDEMNIFY & HOLD HARMLESS ALL MEMBERS AGAINST EXPENSES INCURRED FROM ANY CLAIMS, CAUSES OF ACTION, DEMANDS, DAMAGES & LIABILITIES OF COMPANY UNLESS DUE TO MEMBER FRAUD, MISCONDUCT, NEGLIGENCE OR WRONGFUL TAKING.

CERTIFICATION

This document 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 s.817.155, F.S. I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true.

I acknowledge that I have read the "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.



Alyssa Gavulic Howk
Date: Dec 22, 2022

23 JAN 10 PM 12:35
FILED
CLERK OF THE COURT
JAN 10 2023
TALLAHASSEE, FLORIDA