

L23000423665

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H23000318081 3)))



H23000318081 3ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
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: \_\_\_\_\_

RECEIVED

2023 SEP 11 PM 1:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
OFFICIAL USE

**FLORIDA LIMITED LIABILITY CO.  
OMEGA INDUSTRIAL PARK LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2022 SEP 11 AM 4:20

Electronic Filing Menu

Corporate Filing Menu

Help

ma

H23000318081

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Omega Industrial Park 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:

John Lago

Name of Person

Omega RMG LLC

Firm/Company

822 NE 125th Street Ste 100

Address

North Miami, FL 33161

City/State and Zip Code

jcl@omegarmg.com

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

For further information concerning this matter, please call:

John Lago

786

558-5776

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 SEP 11 AM 4:20

H23000318081

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000318081

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Omega Industrial Park LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**822 NE 125th StreetSte 100North Miami, FL 33161**Mailing Address:**822 NE 125th StreetSte 100North Miami, FL 33161**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Moris & Associates

Name

3650 NE 125th StreetFlorida street address (P.O. Box **NOT** acceptable)DoralFL33161

City

State

Zip

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..

Alberto N Moris

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 SEP 11 AM 4:20  
 MAIL ROOM

H23000318081

H23000318081

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

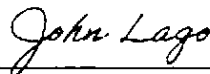
"MGR" = Manager

**Name and Address:**MGRJohn Lago822 NE 125th Street Ste 100North Miami, FL 33161MGRSebastien Seemla822 NE 125th Street Ste 100North Miami, FL 33161

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**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.John Lago

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FALL 11 11 00 AM  
2022 SEP 11 AM 4:20

H23000318081