

L97000000330



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 296589 5018024

AUTHORIZATION :

COST LIMIT : \$ 285.00 PPD

ORDER DATE : March 17, 1997

ORDER TIME : 10:07 AM

ORDER NO. : 296589-005

CUSTOMER NO: 5018024

CUSTOMER: Ms. Simone Boden
BERNARD P. WOLFSDORF

17383 Sunset Blvd.
Ste. 120
Pacific Palisad, CA 90272

FILED
97 MAR 18 PM 12:08
FALLS CHURCH, VA

DOMESTIC FILING

OMEGA OPERATIONS, LLC

NAME: ATLANTIS CONSULTANTS, LLC

000002120890--5
-03/21/97--01104--005
*****250.00 *****250.00

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

000002120890--5
-03/21/97--01104--006
*****35.00 *****35.00

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS: _____

W97-6402
K.R. MAR 19 1997

K.R. MAR 20 1997

FILED
97 MAR 19 PM 4:49
FALLS CHURCH, VA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 19, 1997

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301-2607

Resubmit

SUBJECT: ATLANTIS CONSULTANTS, LLC
Ref. Number: W97000006402

We have received your document for ATLANTIS CONSULTANTS, LLC and check(s) totaling \$285.00. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 197A00013891

RECEIVED
DIVISION OF CORPORATIONS
97 MAR 20 AM 11:35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

FILED
97 MAR 18 PM 12:09
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

OMEGA OPERATIONS, LLC

ARTICLE II - Address:

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

617 Woodlawn Cemetery Road
Gotha, FL 34734

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

December 31, 2072

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

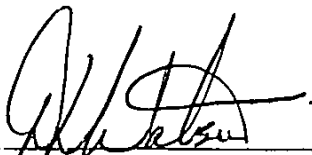
Denis Watson
617 Woodlawn Cemetery Road
Gotha, FL 34734

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

OMEGA OPERATIONS, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 100.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ N/A
- 5) the total amount of 2, 3, and 4 is \$ 100.00



Signature of a member or authorized representative of a member,
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

DUPLICATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: OMEGA OPERATIONS, LLC

2. The name and address of the registered agent and office is:

Denis Watson

(Name)

617 Woodlawn Cemetery Road

(P.O. Box or Mail Drop Box NOT acceptable)

Gotha, FL 34734

(City/State/Zip)

FILED
97 MAR 18 PM 12:09
STATE OF FLORIDA
TALLAHASSEE

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.

BY: 

(Signature)

March 14, 1997

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent