

Florida Department of State

Division of Corporations Public Access System

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.

(((H06000291228 3)))

MECHIVED
36 DEC -8 PM 3: 2



H080002912283ABC/

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)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926 SELAGIARY OF STATE
ALLAH (SSEE, FLORDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CMJ-Fee, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

AL.

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/8/2006 75/08/2006 75:37 820555.

ST CORP

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

OMI-FEE, LLC.

1.	OMI-FEE, LLC
-,	(Name of Foreign Limited Liability Company)
2.	Delaware 3. 20-5986045
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	December 1, 2006 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Date of filing
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	180 N. Michigan Avenue, Suite 200
	Chicago, IL 60601
	CILICAÇO, III OCCOL
8.	If limited liability company is a manager-managed company, check here 🗵 🚊 💆
0	The many and the investment of the many states are property on the same of the
y .	The name and usual business addresses of the managing members or managers are as follows:
	CMJ-Fee Manager Corporation
	180 N. Michigan Avenue, Suite 200
	Ghicago, IL 60601
cust is it	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having ody of records in the jurisdiction under the law of which it is organized. (A photoeopy is not acceptable. If the certificate a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful
_	business that a limited liability company is permitted to conduct within the state of
	Signature of a naember or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)
	Cheryl Pala, Secretary of the manager CMI-Fee Manager Corporation Typed or printed name of signee

PLOST - WIDNES C'T System Online

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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:			
	CMJ-FEE, LLC			
2,	The name and the Florida street address of the registered agent and office	: C3	3	
	C T Corporation System	RE TO A	230 	
	(Name)	μ.Ψ. Μ.Ξ. Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.Α.	ω Σ	
	1200 South Pine Island Road			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	TEN DIA	=	
	Plantation, Florida 33324			
	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 608, Florida Statutes.

By: Sarah B. Ayala
Assistant Secretary
(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

FLOST - 9/09/05 C T System Uniting

Delaware

D3/20 7

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMJ-FEE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4260094 8300

061122554

Daniet Smith Hinden

AUTHENTICATION: 5259052

DATE: 12-08-06