

M13000004553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

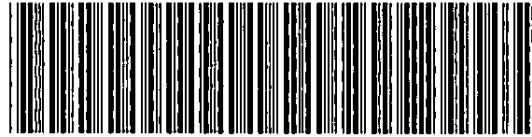
(Business Entity Name)

(Document Number)

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13 JUL 19 AM 10:51  
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2019 JUL 19 AM 10:50  
SECRETARY OF STATE  
TALAHASSEE, FLORIDA

JUL 22 2019  
D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 723085 7361206

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 11, 2013

ORDER TIME : 9:31 AM

ORDER NO. : 723085-025

CUSTOMER NO: 7361206

FOREIGN FILINGS

NAME: OMNINET VILLAGE GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

FILED  
2013 JUL 19 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OMNINET VILLAGE GP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Beatrice Hsieh

\_\_\_\_\_  
Name of Person

Omninet Capital

\_\_\_\_\_  
Firm/Company

9420 Wilshire Blvd., Fourth Floor

\_\_\_\_\_  
Address

California, 90212

\_\_\_\_\_  
City/State and Zip Code

beatriceh@omninet.com & reginald@omninet.com

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

For further information concerning this matter, please call:

Beatrice Hsieh

310

300-4128

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUL 19 AM 10:50

FILED

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. OMNINET VILLAGE GP, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. LOS ANGELES, CALIFORNIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3159168

(FEI number, if applicable)

4. 07/11/2013

(Date of Organization)

5. PERPETUAL

(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 9420 WILSHIRE BLVD 4TH FLOOR

BEVERLY HILLS, CA 90212

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

BENJAMIN NAZARIAN - 9420 WILSHIRE BLVD 4TH FL, BEVERLY HILLS, CA 90212

ANDREA COSTANTINI - 9420 WILSHIRE BLVD 4TH FL, BEVERLY HILLS, CA 90212

MICHAEL DANIELPOUR - 9420 WILSHIRE BLVD 4TH FL, BEVERLY HILLS, CA 90212

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in 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: RENTAL OF COMMERCIAL  
REAL ESTATE

  
Signature of a member 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 herein are true. 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.)

BENJAMIN NAZARIAN, MANAGER

Typed or printed name of signee

2018 JUL 19 AM 10:50  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**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:

OMNINET VILLAGE GP, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32301

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.*

Corporation Service Company

By:

*Stephanie Niles Asst. V.P.*

(Signature)

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

FILED  
2013 JUL 19 AM 11:50  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** OMNINET VILLAGE GP, LLC

**FILE NUMBER:** 201319610167  
**FORMATION DATE:** 07/12/2013  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 16, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State