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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to thining officer.				

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COVER LETTER

Divis	ion of Corporations
	DM Capital FM, LLC
SUBJECT: _	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning this matter to the following:
	Dipesh Patel
	Name of Person
	Conor Acquisitions, LLC
	Firm/Company
	4962 Royal Gulf Circle
	Address
	Fort Myers, FL 33966
	City/State and Zip Code
	admin@conoracquisitions.com
	E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
Dip	esh Patel 941 456-2888
	Name of Contact Person
Divis Regis P.O.	LING ADDRESS: ion of Corporations tration Section Box 6327 passee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Om Capital FM, LLC 1.	221 1 6 2 41 1 6 22
(Name of Foreign Limited Liability Company; must include "Limited Liability Comp	any," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid Liability Company," "L.L.C," or "LLC.")	a. The alternate name must include "Limited
_ Delaware 46-5130241	
2	number, if applicable)
4.	
(Date first transacted business in Florida, if prior to registrati (See sections 605.0904 & 605.0905, F.S. to determine penalty li	on.) iability)
1201 Orange St, Ste 600 Commerce Center 5.	
Wilmington, DE 19899	
(Street Address of Principal Office)	
4962 Royal Gulf Circle 6.	
Fort Myers, FL 33966	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have a	nuthority to manage is/are:
Dipesh Patel 3210 W Horatio St Unit 10 Tampa, FL 33609	
Manager	
	J. Ji
	The state of the s
***************************************	To the second se
8. Attached is an original certificate of existence, no more than 90 days old	l, duly authenticated by the official
having custody of records in the jurisdiction under the law of which it is or	
acceptable. If the certificate is in a foreign language, a translation of the ce	rtificate under oath of the translator
must be submitted)	
Link Pith	
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the am aware that any false information submitted in a document to the Department of State constitutes a third deg	penalties of perjury that the facts stated herein are true ree felony as provided for in s.817.155, F.S.)
Dipesh Patel	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: OM Capital FM, LLC					
If unavailable, t	he alternate to be used	in the state of Florida is:			
2. The name an	d the Florida street add	dress of the registered agent and office a	are:		
		(Name)	**************************************		
	4962 Royal Gulf Ci	rcle			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
,	Fort Myers	33966 FL			
		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, Florida Statutes.

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

State of Delaware Secretary of State Division of Corporations Delivered 06:30 PM 03/14/2014 FILED 06:30 PM 03/14/2014 SRV 140337640 - 5499110 FILE

STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

First: The name of the limited liability company is Om Capital FM, LLC

Second: The address of its registered office in the State of Delaware is

1201 Orange St., Ste 600

in the City of Wilmington

Zip code 19899

. The name of its Registered agent at such address is

InCorp Services, Inc.

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

14th

day of March

2014

By:

Authorized Person

Name: Dipesh Patel

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OM CAPITAL FM, 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OM CAPITAL FM, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2014.

5499110 8300

140876967

DATE: 06-24-14

Jeffrey W Bullock, Secretary of State

AUTHENT\(CATION: 1481464

You may verify this certificate online at corp.delaware.gov/authver.shtml