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DATE:

9/8/15

NAME:

OMNIA FAMILY WEALTH, LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations

Omnia Family Wealth, 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:

Tions total and to trop of the state of		ф			
Andrew	M. Greenste	ein			
	Ne	me of Person	100.1		
Hambui	ger Law Firn	n LLC			
	Fi	nn/Company		- 	
61 W. F	alisade Aver	nue			
		Address	A CONTRACTOR OF THE PROPERTY O	-	
Englew	ood, NJ 0763	31			
	City/Si	ate and Zip Code			
agreens	tein@hambu	urgerlaw.d	com		
	E-mail address: (to be used	for future annual rep	ort notification)	_¥ [≈]	2
For further information concerning	this matter, please call:				SOLUTION SEE
Andrew M.	Greenstein	_ _{at} (201	705-1224	ETAR HASS	SCr -
Name o	Contact Person	Area Code	Daytime Telephone Number		o
MAILING ADDRESS: Division of Corporations		T ADDRESS: n of Corporations		FST FEG	Į ē
Registration Section	Registra	ation Section	•	TATI ORII	Ç
P.O. Box 6327 Tallahassee, FL 32314	2661 E	Building xecutive Center Circ ssee, FL 32301	cle	Ä	h.7
Enclosed is a check for the f	hilowing amount:				
\$125.00 Filling Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filing Certifled Cop		•	!

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:

1. Omnia Family Wealth, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	'CCC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.IC," or "LLC.")	no must include "Limited
_{2.} Delaware _{3.}	
2. (Fel number, If applicat company is organized) 3. (Fel number, if applicat company is organized)	ole)
4. (Date first transacted business in Florida, if prior to registration.)	.
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
_{5.} 18851 NE 29th Avenue, Suite 400	
Aventura, FL 33180	
(Street Address of Principal Office)	
6. Same as above	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to ma	nome in literato S
Steven Wagner, Member	<u> </u>
18851 NE 29th Avenue, Suite 400	P -8 ASSEE.
Aventura, Florida 33180	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenti	icated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A ph	
acceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	oath of the translator
/X/NV	
Signature of an authorized person	-
(in accordance with section 605.020), F.S., the execution of this document constitutes on affirmation under the penalties of perjury t am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided	hat the facts stated herein are true, I I for in a.217.155, P.S.)
Steven Wagner	
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.

Omnia	Family Wealth, LLC		
If unavailabl	e, 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:		
	Paracorp Incorporated		
	(Name)	TA'SE	_
	236 East 6th Avenue	2015 SEP SECRET	77
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	2015 SEP -8 SECRETARY TALLAHASSE	
	Tallahassee, FL 32303		
	City/State/Zip	STATE LORID	

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)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "OMNIA FAMILY WEALTH, 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 SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10006402

Date: 09-08-15