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SECRETARY OF STORIGHT

JUN 0 8 2016 S. YOUNG

COVER LETTER

	Registration Section Division of Corporation	18				
SUBJEC	CT: Omnimoxie LL		Limited Liability C	ompany		_
		ranic or	Limited Liability C	ompany		
		eign Limited Liability Com d to register the above refer				
Please re	turn all correspondence o	concerning this matter to the	following:			
	Tho	mas P. Bliss				
		N	lame of Person			
	Bliss &	Hoty-Bliss Attorn	eys			古艺
	Firm/Company					
	20	899 Lorain Road				9555 3555
	Address					
						CAHSSEE, PLONG
	Fa	irview Park, Ohio	44126			يُّ سَرِّ
		City/S	State and Zip Code			,
	Blisshot	yl@aol.com	16.64		• • • • • • • • • • • • • • • • • • • •	_
		E-mail address: (to be use	d for future annual	report not	ification)	
For furthe	er information concerning	g this matter, please call:				
	Thomas P. B1	iss	at (440) 356	5-2600	
·		f Contact Person	Area Code		time Telephone Number	-
	MAILING ADDRESS:				ADDRESS:	
	Division of Corporations Registration Section Division of Corporations Registration Section					
	P.O. Box 6327			Clifton B		
,	Tallahassee, FL 32314			2661 Exe	cutive Center Circle ee, FL 32301	
Enclosed	is a check for the follow	ing amount:				
	□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Of Status & Certified Co	

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:

0	J.C.	71.		
	eign Limited Liability Company; m	ust include "Limited Liab	ility Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	lternate name adopted for the purpo " or "LLC.")	ose of transacting business	in Florida. The alternate nan	ne must include "Limited
2. Delaware (Jurisdiction under the law company is organized)	of which foreign limited liability	3. 80-08	12116 (FEI number, if applicable)	
4. No p	orior activity			_
	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior to 5.0905, F.S. to determine	registration.) penalty liability)	
5. 26670 Egrets L	anding Drive, #202			-
Bonita Springs,	Florida 34134			TO.
	(Street Address of	(Principal Office)		- 6 (c)
6. same as above				
				16 JUN -6
· =	(Mailing	Address)		
7. Name and street address	ss of Florida registered agent: (l	P.O. Box <u>NOT</u> accepta	ble)	HO. H.
Name:	Wendy Fairfield			S SM
Office Address:	26670 Egrets Landin	g Drive, #202		
			, Florida <u>34134</u>	
Registered agent's accep	(City)		(Zip code)	
Having been named as re designated in this applica to complywith the provision	registered agent and to accept se tion, I hereby accept the appoin ions of all statutes relative to the my position as registered agent	ntment as registered ag e proper and complete	ent and agree to act in th	is capacity. I further agree
	(Regi	spered agent's signature)		-
	NDY PAIRFIELD			
•	acity and address of the persons	s)-who has/have authori	ty to manage is/are:	
Wendy Fairfield				
26670 Egrets Land	ding Drive, #202	_		<u>.</u>
Bonita Springs,	Florida 34134			<u> </u>
jurisdiction under the law of the translator must be su	Mondy to			
This document is executed	I in accordance with section 605 the Department of State constitu	.0202(1) (b), Florida S	tatutes. I am aware that any ny as provided for in s.817	y false information .155, F.S.

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "OMNIMOXIE 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 MAY, A.D. 2016.

SCREENCESSEE COMPONIA

Authentication: 202370668

Date: 05-24-16

5146605 8300 SR# 20163367498