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From:

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Fax Number : (323)962-3889

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## Foreign Limited Liability Company **OMNIGENCE GROUP LLC**

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## **COVER LETTER**

TO:	Registration Section Division of Corporation	15				
SUBJE	OMNIGENCE G	ROUP LLC				
JOBOL		Name of Limi	ted Liability Company	ÿ	<u>-</u> .	
					ansact Business in Florida," Cert y company to transact business in	
Please	return all correspondence o	concerning this matter to th	e following:			
		Che	yenne Mosele	y		
		1	Same of Person			
		Lega	zoom.com, Ind	<b>3</b> .		
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		Glend	dale, CA 91203	3		
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		ermyes@outlool				
		E-mail address: (to be use	ed for future annual r	eport notili	cation)	
For furt	ther information concerning	g this matter, please call:				
	Cheyenne Mosele	y	800 at (		0888 ext9724	
	Name o	of Contact Person	Area Code	/Da	sytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisi Regist Cliftor 2661 1	ET ADDRESS: on of Corporations ration Section i Building executive Center Ci assee, Fl. 32301	rele		
Enclos	sed is a check for the f	Collowing amount:  © \$130.00 Filing Fee & Certificate of Status	S155.00 Filis Certified Co		☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate

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

COMPANYTO TRANSACT BU	TION 605.0902, FLORIDA STATUTE ISINESS INTITE STATE OF FLORID		SUBMITTED TO REGISTER A FO	DREKIN LIMITEI	D LIABILITY
OMNIGENCE GROUP	P LLC eign Limited Liability Company; m	ust include "Limited Lia	bility Company," "L.L.C.," or "L	LC. ງ	-
(If name unavailable, enter a Liability Company," "L.L.C,	ternate name adopted for the purpo	se of transacting busines	s in Florida. The alternate name	most include "Li	_ enited
New York	or LLC. )	_			
(Jurisdiction under the law	of which foreign limited hability	J	(FEI number, if applicable)	··· ·· <u>-</u> ···	-
company is organized)	10/01/2017				
4	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior to	registration.)		
5. 6 Tobin Ave.	(1.00 500 100 100 100 100 100 100 100 100 1				
Great Neck, NY 11021					
	(Street Address of	l'rincipal Office)			
6. 6 Tobin Ave.				<del>7'</del> <b>≯</b>	201
Great Neck, NY 11021					2017 OCT
<del></del>	(Mailing	Address)		•	
7. Name and street address	ss of Florida registered agent: (I	P.O. Box NOT scrept	able)		9
Name:	Keri Sherriffe		_	· · · · · · · · · · · · · · · · · · ·	
Office Address:	228 SW Hidden Court		_	:	<u> </u>
	Fort White		, Florida 32038	مو آنه سوء	0
Registered agent's accep	(City)		(Zip code)	- با طنب حد	Ċ
designated in this applica to complywith the provisi accept the obligations of X	gistered agent and to accept setion, I hereby accept the appoil one of all statutes relative to the my position as registered agent.  (Registery and address of the person(s	ntment as registered as proper and complete stored agent's signature)	gent and agree to act in this in performance of my duties, a	capacity. I fun	ther agree
	ember - 228 SW Hidden Court,	•	•		
9. Attached is a certificate jurisdiction under the law of the translator must be su		lays old, duly authentic certificate is in a foreign e of an authorized person	gn language, a translation of th	stody of records	s in the der oath
This document is executed submitted in a document to	in accordance with section 605.	rutes a third degree felo	ony as provided for in 8.817.15	ilse information 55, F.S.	•
	Keri Sherriff, Member on beha	UF of RNK Enterprises	LLC		

Typed or printed name of signee

## State of New York Department of State 3 ss:

E hereby certify, that OMNIGENCE GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company haw on E2/18/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of September two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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