

10/26/2018

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REZLEGAL, LLC
Account Number : 128140000033
Phone : (904)567-1177
Fax Number : (904)567-1066

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TSHOE MAKER & ORMOND MEDICAL ARTS.

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SECRETARY OF STATE
TALLAHASSEE, FL

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Foreign Limited Liability Company
OMA Management, LLC

Certificate of Status	1
Certified Copy	0
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H18000310550 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMA Management, 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:

Arman Moenl

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

tsdoemsker@ormondmedicalarts.com

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

For further information concerning this matter, please call:

Arman Moenl

at (904)

580-3369

Name of Contact 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

H18000310550 3

H18000310550 3

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. OMA Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware
(Jurisdiction under the law of which Foreign Limited Liability Company is organized)
3. 37-1910307
(Tax number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. for determining penalty liability)
5. 77 W Granada Blvd
(Street Address of Principal Office)
Ormond Beach, FL 32174-6303
6. 77 W Granada Blvd
(Mailing Address)
Ormond Beach, FL 32174-6302

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: James R. Shoemaker, D.O.

Office Address: 77 W Granada Blvd
Ormond Beach, FL , Florida 32174
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
President	James R. Shoemaker, D.O. 77 W Granada Blvd Ormond Beach, FL 32174		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

[Signature]
Signature of an authorized person

James R. Shoemaker, D.O.

Type or printed name of signer

H18000310550 3

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SECRETARY OF STATE
TALLAHASSEE, FL

Delaware

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Page 1

H18000310550 3

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OMA MANAGEMENT, 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 OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMA MANAGEMENT,
LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2018.



7063921 8300

SR# 20187300523

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203677391

Date: 10-24-18

H18000310550 3