

M 1900000256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

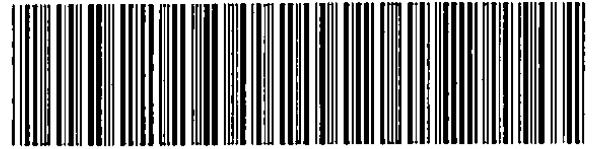
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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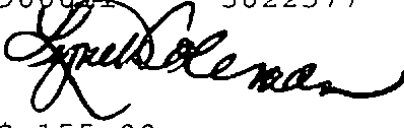
19 AUG 29 AM 11:18

2019 AUG 29 AM 10:02

SEP 06 2019

M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 900011 5022577
AUTHORIZATION : 
COST LIMIT : \$ 155.00

ORDER DATE : August 28, 2019

ORDER TIME : 5:17 PM

ORDER NO. : 900011-190

CUSTOMER NO: 5022577

FOREIGN FILINGS

NAME: OMNI CABLE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2019

CSC

SUBJECT: OMNI CABLE, LLC
Ref. Number: W19000080396

19 SEP -5 PM 2:17
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for OMNI CABLE, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 719A00018106

[OMNI CABLE CORPORATION LETTERHEAD]

September 4, 2019

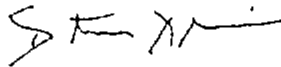
Department of State
Division of Corporations
Corporate Filings Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Omni Cable, LLC

To whom it may concern:

Omni Cable Corporation ("Omni") does hereby give its consent to use of name to Omni Cable, LLC. Omni, as the dissolved entity, has no intention of revoking the dissolution and is releasing the name to register as a limited liability company.

Best regards,



Stephen Glinski
Chief Financial Officer

2019 AUG 29 AM 10:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omni Cable, 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:

Martha Schwarz

Name of Person

Montgomery, McCracken, Walker & Rhoads, LLP

Firm/Company

1735 Market Street

Address

Philadelphia, PA 19103

City/State and Zip Code

sglinski@omnicable.com

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

For further information concerning this matter, please call:

Martha Schwarz

215

772-7273

at ()

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

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. Omni Cable, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Pennsylvania

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

2 Hagerty Blvd

5. (Street Address of Principal Office)

6. (Mailing Address)

West Chester, PA 19382

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

By: Corporation Service Company

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

2018 AUG 29 AM 10:03

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: William J. Siegfried

☐ Member Address: c/o 2 Hagerty Blvd

☐ Authorized West Chester, PA 19382

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Dominic Pileggi

☐ Member Address: c/o 2 Hagerty Blvd

☐ Authorized West Chester, PA 19382

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Steven Siegfried

☐ Member Address: c/o 2 Hagerty Blvd

☐ Authorized West Chester, PA 19382

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Gene Bruni

☐ Member Address: c/o 2 Hagerty Blvd

☐ Authorized West Chester, PA 19382

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Drew Murphy

☐ Member Address: c/o 2 Hagerty Blvd

☐ Authorized West Chester, PA 19382

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Greg Lampert

☐ Member Address: c/o 2 Hagerty Blvd

☐ Authorized West Chester, PA 19382

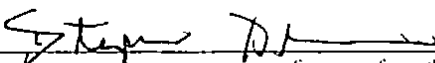
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 of an authorized person

Stephen Glinski

Typed or printed name of signee

2018 AUG 29 4:10:03 PM

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

08/28/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

OMNI CABLE, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathleen Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190828130957-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>