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

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (613) 229-1660

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

Email Address: caebel@shumaker.com

Foreign Limited Liability Company
FLORIDA OMFS, LLC

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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. FLORIDA OMFS, 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.")

Delaware

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

3. (FEI number, if applicable)

Upon Filing

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

16546 N. Dale Mabry Hwy

5. (Street Address of Principal Office)

16546 N. Dale Mabry Hwy

6. (Mailing Address)

Tampa, FL 33618

Tampa, FL 33618

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

Name: Erin S. Aebel, Esq.

Office Address: 101 E. Kennedy Boulevard, Suite 2800

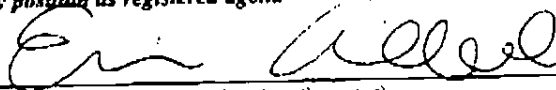
Tampa

(City)

33602
, Florida (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.



(Registered agent's signature)

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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: Michael Barbick

☐ Member

Address: 16546 N. Dale Mabry Hwy

☐ Authorized

Tampa, FL 33618

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

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

Michael Barbick, Manager

Typed or printed name of signer

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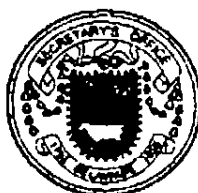
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FLORIDA OMFS, 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-FIFTH DAY OF SEPTEMBER, A.D. 2019.

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



7611109 8300

SR# 20197230176

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 in a small font.

Authentication: 203669105

Date: 09-25-19

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TOTAL P.04