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June 15, 2023

**FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe St., Suite 810  
Tallahassee, FL 32303

Re: ***Omnia Homes LLC***

Dear Sir/Madam:

Enclosed with this letter please find an Application by Foreign LLC for Authorization to Transact Business in Florida related to Omnia Homes LLC. Also enclosed is check no. 76182 which represents payment of the required fee.

Please do not hesitate to contact our office with any questions. Thank you for your attention in this matter.

Sincerely,  
**HILL WARD HENDERSON**

*/s/ Jessica Lovins*

Jessica Lovins  
*Assistant to Jason S. Lambert, Esq.*

JFL  
Enclosures

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Omnia Homes 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:

Jason S. Lambert, Esq.  
Name of Person

Hill Ward Henderson  
Firm/Company

101 E. Kennedy Blvd Ste 3700  
Address

Tampa, FL 33602  
City/State and Zip Code

filings@southerncontractorservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Lambert 813-227-8495  
Name of Contact Person Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe St. Ste. 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount made payable to **FLORIDA DEPARTMENT OF STATE:**

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status and Certified Copy
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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. Omnia Homes 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"

2. WA 3. 92-373144  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI Number, if applicable)

4. Not applicable.  
(Date first transacted business in Florida, if prior to registration)

5. 104 Palisades Place 6. 104 Palisades Place  
(Street Address of Principal Office) (Mailing Address)

Pacific, WA 98047 Pacific, WA 98047

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

Name: SCS Registered Agent  
Office Address: 3225 S. Macdill Ave Ste 129-205  
Tampa, FL 33629

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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)

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 / Capacity:**                      **Name / Address:**  
 Manager      Name: Jaskaran Singh  
 Member        Address: 104 Palisades Place  
 Authorized      Pascifica WA 98047  
                                 Person  
 Other

**Title / Capacity:**                      **Name / Address:**  
 Manager      Name:  
 Member        Address:  
 Authorized      Person  
 Other

**Title / Capacity:**                      **Name / Address:**  
 Manager      Name:  
 Member        Address:  
 Authorized      Person  
 Other

**Title / Capacity:**                      **Name / Address:**  
 Manager      Name:  
 Member        Address:  
 Authorized      Person  
 Other

**Title / Capacity:**                      **Name / Address:**  
 Manager      Name:  
 Member        Address:  
 Authorized      Person  
 Other

**Title / Capacity:**                      **Name / Address:**  
 Manager      Name:  
 Member        Address:  
 Authorized      Person  
 Other

**Title / Capacity:**                      **Name / Address:**  
 Manager      Name:  
 Member        Address:  
 Authorized      Person  
 Other

**Title / Capacity:**                      **Name / Address:**  
 Manager      Name:  
 Member        Address:  
 Authorized      Person  
 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 certified 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 certified 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 felon as provided for in s. 817.155, F.S.

*Jaskaran Singh*

\_\_\_\_\_  
Signature of Authorized Person

Jaskaran Singh as President of Omnia Homes LLC

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

OMNIA HOMES LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/07/2022.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/15/2023  
UBI Number: 604 998 588



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 06/15/2023