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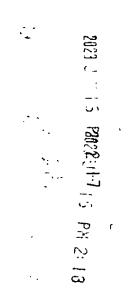
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
☐ PICK-UP ☐ WAIT ☐ MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

Office Use Only



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06/16/23--01012--025 **125.00



T. LEMIEUX



SENDER'S DIRECT DIAL: (813) 506-5177

SENDER'S E-MAIL: jessica.lovins@hwhlaw.com

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 Division of	Corporations					
SUBJECT:	Omi	nia Homes LLC				
<u></u>	Name of L	mited Liability Company	y			
Florida, Certificate		re submitted to register	Authorization to Transact Business in the above-referenced foreign limited			
Please return all co	rrespondence 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						
		Address				
		mpa, FL 33602 /State and Zip Code				
	•	•				
	filings@south E-mail address: (to be us	erncontractorservice sed for future annual repo				
For further informa	tion concerning this matter, p	lease call:				
Jason Lambert		813-22	7-8495			
Name o	of Contact Person	Daytime Telep	hone Number			
Mailing Address:		Street Address:				
Registration Section Division of Corporation		Registration Section Division of Corporations				
P.O. Box 6327	tations	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe St. Ste Tallahassee, FL 32303	. 810			
Enclosed is a check	for the following amount ma	de payable to FLORIDA	A 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 and 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.	Omnia Hoi		-				
	(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 purposinclude "Limited Liability Con						
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	Flo	rida, if prior to	registration)			
5.	104 Palisades Place	5.	104 Palis	ades Place			
	(Street Address of Principal Office)	•		(Mailing Address)			
	Pacific, WA 98047		Pacific, V	VA 98047			
				202			
_				(-;			
	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NO</u>	T a	cceptable	-			
Nan	SCS Registered Agent			· · · · · · · · · · · · · · · · · · ·			
Offi Add	ce Iress			19			
:	3225 S. Macdill Ave Ste 129-205			2:			
	Tampa, FL 33629			7			
lav om gre nd	istered agent's acceptance: ing been named as registered agent and to accept serv pany at the place designated in this application, I here e to act in this capacity. I further agree to comply with complete performance of my duties, and I am familia. stered agent	eby h tl	y accept the he provision	appointment as registered agent and as of all statutes relative to the proper			

(Registered Agent's Signature)

or persons authorize	ed to manage [up to six (6) total]:	:	
~/	Name / Address: Name: Jaskaran Singh Address: 104 Palisades Place Pascifica WA 98047	Title / Capacity:	
Title / Capacity: Manager Member Authorized Person Other		Title / Capacity: ☐ Manager ☐ Member ☐ Authorized Person ☐ Other	
Title / Capacity:		Title / Capacity:	
Title / Capacity: Manager Member Authorized Person Other		Title / Capacity:	
	n-indexed individuals may be ac		hment will be imaged for reporting filing your Florida Department of
custody of records		w of which it is organiz	nuthenticated by the official having zed. (If the certified is in a foreign submitted).
	ubmitted in a document to the		Florida Statutes. I am aware that any constitutes a third degree felont as
	Cianatus	a of Authorized Percon	

8. For initial indexing purposes, list names, title, or capacity and addresses of the primary members/managers,

UNITED STATES OF AMERICA The State of **Pashington**

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.

1 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

- 112



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

to R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 06/15/2023