

m24000009544

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000250615 3)))



H240002506153ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

Foreign Limited Liability Company
OMEGA INVESTORS GROUP, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUL 24 PM 4:34

2024 JUL 24 PM 1:09

DEPT. OF STATE
DIVISION OF CORPORATIONS

RECEIVED

COVER LETTER

H24000250615

TO: Registration Section
Division of Corporations

OMEGA INVESTORS GROUP, LLC

SUBJECT: _____
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:

ALBERTO MORIS

Name of Person

MORIS & ASSOCIATES

Firm/Company

3650 NW 82nd AVE., SUITE 401.

Address

DORAL, FL 33166

City/State and Zip Code

ABERMUDEZ@ANMPA.COM

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

For further information concerning this matter, please call:

ALBERTO MORIS

305

559-1600

Name of Contact Personat (_____) _____
Area Code_____
Daytime Telephone NumberMailing 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 Street, Suite 810
Tallahassee, FL 32303

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

H24000250615

H24000250615

**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. OMEGA INVESTORS GROUP, 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. DELAWARE 3. 82-1528644
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 822 NE 125 ST., STE. 100
(Street Address of Principal Office)

MIAMI, FL 33161

6. 822 NE 125 ST., STE. 100
(Mailing Address)

MIAMI, FL 33161

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

24 JUL 24 PM 4:34

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

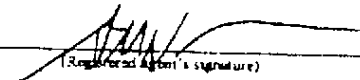
Name: MORIS & ASSOCIATES

Office Address: 3650 NW 82nd AVE., SUITE 401

DORAL 33166
(City) , 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)

H24000250615

H24000250615

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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|-----------------------------------|---|-----------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: SEBASTIEN SCEMLA | <input checked="" type="checkbox"/> Manager | Name: JUAN C LAGO |
| <input type="checkbox"/> Member | Address: 822 NE 125 ST., STE. 100 | <input type="checkbox"/> Member | Address: 822 NE 125 ST., STE. 100 |
| <input type="checkbox"/> Authorized | MIAMI, FL 33161 | <input type="checkbox"/> Authorized | MIAMI, FL 33161 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Manager | Name: Chemtov, Shawn | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: 822 NE 125TH STREET | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | SUITE 115 | <input type="checkbox"/> Authorized | |
| Person | NORTH MIAMI, FL 33161 | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> 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 authorized person

JUAN C. LAGO

Delaware

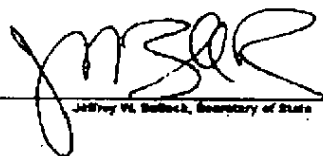
The First State

H24000250615

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OMEGA INVESTORS GROUP, 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 FOURTH DAY OF JUNE, A.D. 2024.




Jeffrey W. Bullock, Secretary of State

3756444 8300

SR# 20242765815

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

Authentication: 203625418

Date: 06-04-24