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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

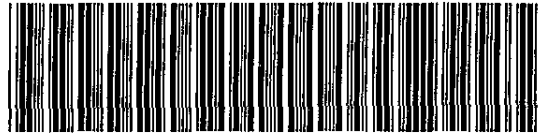
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

05 AUG 25 AM 9:41

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMNI CART SERVICES, INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HEIDI PERLA W05-37384
(Name of Person)

OMNI CART SERVICES, INC.
(Firm/Company)

PO BOX 366
(Address)

MENTOR, OH 44061
(City/State and Zip code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

ALICE M. ZOUL at (440) 205-8363
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 8, 2005

HEIDI PERLA
OMNI CART SERVICES, INC.
PO BOX 366
MENTOR, OH 44061

SUBJECT: OMNI CART SERVICES, INC.
Ref. Number: W05000037384

We have received your document for OMNI CART SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

- ✓ The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 305A00050838

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STATE OF FLORIDA
TALLAHASSEE

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. OMNI CART SERVICES, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO (State or country under the law of which it is incorporated) 3. 34-1389631 (FEI number, if applicable)

4. 4/8/83 (Date of incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7370 PRODUCTION DR. MENTOR, OH 44060 (Principal office address)

PO BOX 366 MENTOR, OH 44061 (Current mailing address)

8. CLEAN AND REPAIR SHOPPING CARTS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: David Woolf

Office Address: 2555 PGA BLVD #436 PALM BEACH GARDENS, Florida 33410 (City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

David Woolf (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: KEITH WOOLF

Address: 20982 S. WOOLAND
SHAKER HTS, OH 44122

Vice Chairman: WILLIAM JACOBSON

Address: 23699 STANFORD RD.
SHAKER HTS, OH 44122

Director: JOEL LEVIN

Address: 2467 STRATFORD RD.
CLEVELAND HTS, OH 44118

Director: LARRY SAWLINO

Address: 4040 EMBASSY PKWY #100
AKRON, OH 44333

B. OFFICERS

President: KEITH WOOLF

Address: 20982 S. WOODLAND
SHAKER HTS, OH 44122

Vice President: WILLIAM JACOBSON

Address: 23699 STANFORD RD
SHAKER HTS, OH 44122

Secretary: WILLIAM JACOBSON

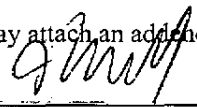
Address: 23699 STANFORD RD SHAKER HTS, OH 44122

Treasurer: WILLIAM JACOBSON

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Keith Woolf, President
(Typed or printed name and capacity of person signing application)

**United States of America
State of Ohio
Office of the Secretary of State**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show OMNI CART SERVICES, INC., an Ohio corporation, Charter No. 611558, having its principal location in Mentor, County of Lake, was incorporated on April 08, 1983 and is currently in GOOD STANDING upon the records of this office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 15th day of August, A.D. 2005*

J. Kenneth Blackwell

Ohio Secretary of State