

F0700 0004184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

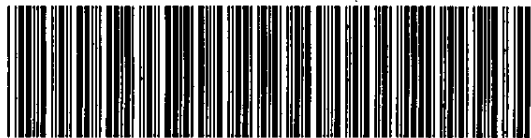
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8/20-



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07/06/07--01037--003 **78.75

Current Cert.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07 AUG 20 AM 8:17

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OMNI management 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:

NALINI MOWERY
(Name of Person)
OMNI managemat services, Inc.
(Firm/Company)
4138 North Keystone Avenue
(Address)
INDIANAPOLIS IN 46205
(City/State and Zip code)

For further information concerning this matter, please call:

NALINI MOWERY at (317) 541-0000 x 219
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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
Division of Corporations

July 9, 2007

RECEIVED
07 AUG 20 PM 2:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NALINO MOWERY
OMNI MANAGEMENT SERVICES, INC.
41387 NORTH KEYSTONE AVENUE
INDIANAPOLIS, IN 46205

SUBJECT: OMNI MANAGEMENT SERVICES, INC.
Ref. Number: W07000032324

We have received your document for OMNI MANAGEMENT SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

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.

Please return 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) 245-6934.

Loria Poole
Document Specialist

Letter Number: 507A00043674

232-6531

order # 291529

T.T. Am

Should have Monday

*8/13/07
Please find the
Certificate
Attached.*

*Thanks
Nalini*

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

FILED 07 AUG 20 AM 8:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. OMNI management 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. INDIANA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/22/02 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. MERGED INTO INDIANA CORPORATION 6/29/07
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. H138 NORTH KEYSTONE AVE INDIANAPOLIS IN 46205
(Principal office address)

(SAME)
(Current mailing address)

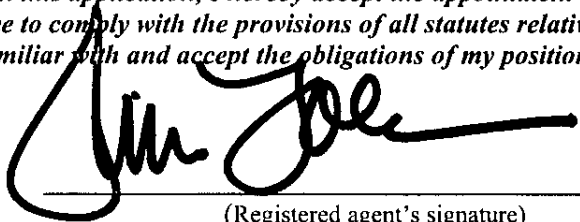
8. HOMEOWNER/COMMUNITY OWNER MANAGEMENT
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: TIM LOEHR

Office Address: 27499 RIVERVIEW CENTER BLVD. #134
BONITA SPRINGS, Florida 34134
(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.


(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:

A. DIRECTORS

Chairman: TIM LOEHR

Address: 4138 NORTH KEYSTONE AVE

INDIANAPOLIS IN 46205

Vice Chairman: NALINI MOWERY

Address: 4138 NORTH KEYSTONE AVE

INDIANAPOLIS IN 46205

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TIM LOEHR

Address: 4138 NORTH KEYSTONE AVE

INDIANAPOLIS IN 46205

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. TIM LOEHR PRESIDENT

(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

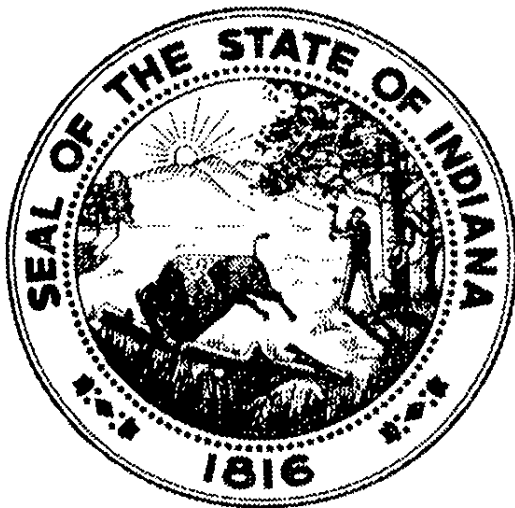
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

OMNI MANAGEMENT SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 22, 2002, and was in existence or authorized to transact business in the State of Indiana on August 08, 2007.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Ninth Day of August, 2007.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State