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COVER LETTER

	vision of Corporations
SUBJECT:	Omega Building Solutions, LLC
Sebale 1.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Steven Jackson
•	Name of Person
	Omega Building Solutions, LLC.
-	· Firm/Company
	5201 Ocean Beach Blvd. Suite 10
	Address
	Cocoa Beach, FL. 32931
	City/State and Zip Code
<u>s</u>	teve@omega-steel.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
:	Steven Jackson 407 506-2282 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	sing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Omega Building Solutions, LLC.	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5201 Ocean Beach Blvd.	5201Ocean Beach Blvd.
Suite 10	Suite 10
Cocoa Beach, FL. 32931	Cocoa Beach, FL. 32931
ARTICLE III - Registered Agent, Registered Office, & Ro The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
Steven Jackson	
Nai	me

Florida street address (P.O. Box NOT acceptable) Cocoa Beach City State Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

5201 Ocean Beach Blvd, Suite 10

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Me	ember
"MGR" = Manager	
MGR	Steven Jackson
	5201 Ocean Beach Blvd, Suite 10
	Cocoa Beach, FL. 32931
AMBR	Yulia Jackson
	5201 Ocean Beach Blvd. Suite 10
	Cocoa Beach, FL. 32931
	
	
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ective date is listed, the date of filing.) If the date inserted in this blo	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 90 ock does not meet the applicable statutory filing requirements, this date will no experiment of State's records.
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)