Electronic Articles of Organization For Florida Limited Liability Company

L16000144438 FILED 8:00 AM August 02, 2016 Sec. Of State dlokeefe

Article I

The name of the Limited Liability Company is: OMNI BUSINESS SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

635 VILLAGE WAY PALM HARBOR, FL. 34683

The mailing address of the Limited Liability Company is:

635 VILLAGE WAY PALM HARBOR, FL. 34683

Article III

The name and Florida street address of the registered agent is:

KRISTA G GRUBB 635 VILLAGE WAY PALM HARBOR, FL. 34683

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.

Registered Agent Signature: KRISTA GRUBB

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR KRISTA G GRUBB 635 VILLAGE WAY PALM HARBOR, FL. 34683

Title: AMBR STEPHANIE M NORTON 7203 FIVE POINT CR 10-202 TAMPA, FL. 33634 L16000144438 FILED 8:00 AM August 02, 2016 Sec. Of State dlokeefe

Article V

The effective date for this Limited Liability Company shall be:

08/02/2016

Signature of member or an authorized representative

Electronic Signature: KRISTA GRUBB

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.