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(Requestor's Name)

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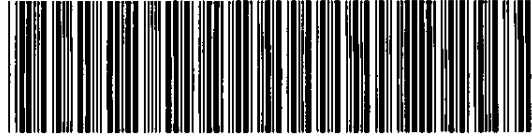
(Business Entity Name)

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M. man

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Omega National Agency, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nate Wesley Strickland

Name of Person

Colodny Fass, P.A.

Firm/Company

215 South Monroe Street, Suite 701

Address

Tallahassee, Florida 32301

City/State and Zip Code

wstrickland@colodnyfass.com

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

For further information concerning this matter, please call:

Nate Wes Strickland

850

577-0398

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒

\$160.00 Filing Fee,
Certificate of Status &
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

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**ARTICLES OF ORGANIZATION
OF
OMEGA NATIONAL AGENCY, LLC**

Pursuant to the provisions of chapter 605, Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, the following are the Articles of Organization for **Omega National Agency, LLC** (the "Company"):

1. Name. The name of the Company is **Omega National Agency, LLC**.
2. Mailing Address and Principal Office. The Company's mailing address and principal office shall be located at:


2255 Killearn Center Blvd.
Tallahassee, FL 32309

3. Initial Registered Agent and Office. The name and address of the initial registered agent and registered office in Florida for the Company are:

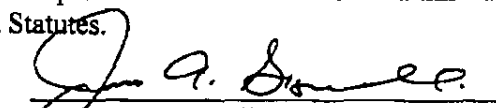
Colodny Fass, P.L.L.C.
215 South Monroe St.
Suite 701
Tallahassee, Florida 32301

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, Florida Statutes.

Colodny Fass, P.A.

By: 
Nate Wesley Strickland, Shareholder

IN WITNESS WHEREOF, this document is executed this 15th day of June 2017 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 section 817.155, Florida Statutes.


James A. Graganella
Authorized Representative

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