

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L22000188196  
FILED 8:00 AM  
April 20, 2022  
Sec. Of State  
stoner**

**Article I**

The name of the Limited Liability Company is:  
OMNI PRESENT INSURANCE AGENCY L.L.C.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
129 SW 13TH AVENUE  
DELRAY BEACH, FL. UN 33444

The mailing address of the Limited Liability Company is:  
PO BOX 7461  
DELRAY BEACH, FL. 33482

**Article III**

The name and Florida street address of the registered agent is:  
TAMEKA S JONES  
4895 WINDWARD PASSAGE DRIVE  
STE 11  
BOYNTON BEACH, FL. 33436

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: TAMEKA SHUNTELL JONES

### **Article IV**

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

Title: MGR  
TAMEKA S JONES  
PO BOX 7461  
DELRAY BEACH, FL. 33482 UN

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### **Article V**

The effective date for this Limited Liability Company shall be:

04/14/2022

Signature of member or an authorized representative

Electronic Signature: TAMEKA SHUNTELL JONES

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.