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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:_	09/13/2022		
Name:	Merritt	Walker	-
Refere	nce #: 17	84451	-
Entity I	Name:	OMNI HOLDIN	G COMPANY, LLC
			to Transact Business
	Amendment		
	Change of Agent		
	Reinstatement		PLEASE RETAIN THE ORIGINAL DATE OF
	Conversion		SUBMISSION, 9/12/2022
	Merger		
	Dissolution/Withdrav	val	
	Fictitious Name		
\checkmark	Other	CERTIFIED COP	Y OF THE FILING EVIDENCE
Author	ized Amount:	\$155	
Signati	ure:	un	

F: 800.944.6607



September 13, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COGENCY GLOBAL, INC.

SUBJECT: OMNI HOLDING COMPANY, LLC

REF: W22000115968

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II FAX Aud. #: H22000314707 Letter Number: 022A00020361

2022 SEP 13 PH 4: 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Omni Holdin	g Company, LLC	<u> </u>	_
(Must conta	in the words "Limited Liab	ility Company, "L.L.C	" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office	of the Limited Liabil	ity Company is:	
<u>Principa</u>	1 Office Address:		Mailing Address:	
390 N orth	g Company, LLC Orange Avenue o, FL 32801	390	Holding Company, LLC North Orange Avenue Orlando, FL 32801	_
•	5, 1 2 02 00 :			-
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt. Registered Office, & R	egistered Agent's Si	gnature:	22 SEP
ARTICLE III - Registered Age (The Limited Liability Company	nt, Registered Office, & R cannot serve as its own Reg ctive Florida registration.)	egistered Agent's Signstered Agent. You m	gnature:	22 SEP 12
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & Recannot serve as its own Regetive Florida registration.) ddress of the registered age	egistered Agent's Signstered Agent. You ment are:	gnature: ust designate an individual or	72
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & Recannot serve as its own Regetive Florida registration.) ddress of the registered age	egistered Agent's Signstered Agent. You ment are:	gnature: ust designate an individual or	72
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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..

Ashley Cepin, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed 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 s.817.155, F.S. Rajib Das Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)