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Account Name : BUSINESS FILINGS  
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Phone : (608)827-5300  
Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Registration@omnico.co

FLORIDA LIMITED LIABILITY CO.  
Omnico Business Solution LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
OF  
Omnico Business Solution LLC**

**ARTICLE I            NAME**

The name of the limited liability company is: Omnico Business Solution LLC

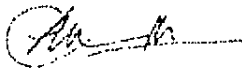
**ARTICLE II           ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
701 Market Street, 111, Saint Augustine, Florida 32095.

**ARTICLE III           INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: \_\_\_\_\_  
Chris Das, AVP, *Business Filings Incorporated*

Date: *March 21, 2024*

**ARTICLE IV           MANAGERS/MEMBERS**

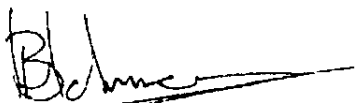
The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:  
B.Holmes, 701 Market Street, 111, Saint Augustine, Florida 32095

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## ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



R. Holmes, Organizer

Date: March 22nd, 2024

## Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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This transmittal being sent by:

NAME: Anthony Justice

MESSA  
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Thank you.

Anthony W. Justice  
*Paralegal*

**BURR** • • •  
**FORMAN** LLP

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