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Florida Department of State
Division of Corporations
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Division of Corporations
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**Foreign Limited Liability Company
Omicron Technology Solutions, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

2023 MAR 15 PM 4:08

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omicron Technology Solutions, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Audra Chadwell

Name of Person

Omicron Technology Solutions, LLC

Firm/Company

2031 Kings Hwy

Address

Shreveport, LA 71103

City/State and Zip Code

achadwell@omicrontech.net

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

For further information concerning this matter, please call:

Hilary Wooley

318

716-4116

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Omicron Technology Solutions, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Louisiana 3. 85-3906256
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. <u>2031 Kings Hwy</u> (Street Address of Principal Office)	6. <u>2031 Kings Hwy</u> (Mailing Address)
<u>Shreveport, LA</u>	<u>Shreveport, LA</u>
<u>71103</u>	<u>71103</u>

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jennifer Gordon

Office Address: 101 NE 3rd Ave, Suite 1800

Fort Lauderdale, Florida 33301
(City) (Zip code)

2023/03/16 PM 4:08

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jennifer L. Gordon
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: James Dean	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2031 Kings Hwy	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Shreveport, LA 71103	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Hilary Woolcy	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2031 Kings Hwy	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Shreveport, LA 71103	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Hilary A. Woolcy

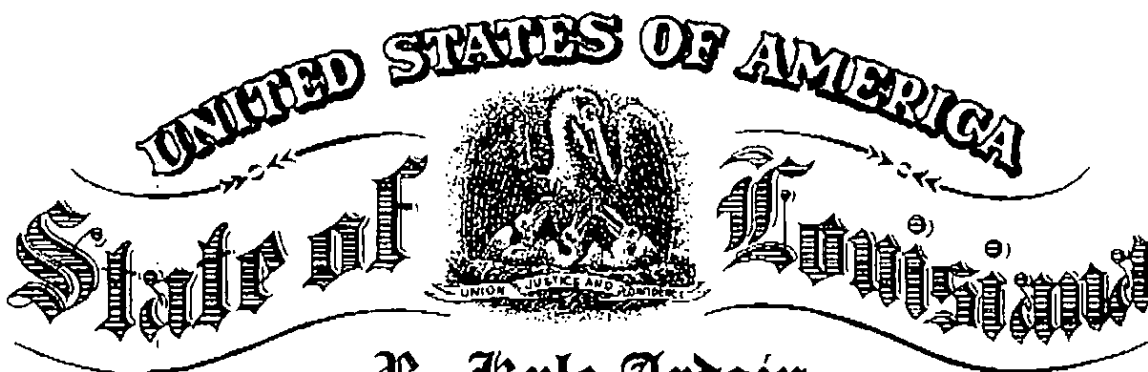
Signature of an authorized person

Hilary A. Woolcy

Typed or printed name of signer

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**R. Kyle Ardoin**

SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that***OMICRON TECHNOLOGY SOLUTIONS, LLC**

A limited liability company domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on November 17, 2020,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 16, 2023

*Secretary of State*

Web 44154661K

Certificate ID: 11702323#B4C42

To validate this certificate, visit the following web site, go to **Business Services**, Search for Louisiana **Business Filings**, Validate a Certificate, then follow the instructions displayed.
www.sos.la.gov

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