

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **OMEGA ACCOUNTING SOLUTIONS, INC.**
3. The state or country whose law the entity is organized is **California**.
4. The date of organization is **1/15/2024** and the period of duration is **perpetual**.
This Filing is Effective on Monday, January 15, 2024

5. Principal Office

15101 ALTON PKWY
STE 450
IRVINE, CA 92619

6. Required Representatives

Secretary	HARRY JAY WOODS	15101 ALTON PKWY STE 450	IRVINE	CA	92619
Officer	HARRY JAY WOODS	15101 ALTON PKWY STE 450	IRVINE	CA	92619
Director	HARRY JAY WOODS	15101 ALTON PKWY STE 450	IRVINE	CA	92619
Officer	SEAN WOODS	15101 ALTON PKWY STE 450	IRVINE	CA	92619
Director	SEAN WOODS	15101 ALTON PKWY STE 450	IRVINE	CA	92619
Director	BRIAN MAAS	15101 ALTON PKWY STE 450	IRVINE	CA	92619

7. Registered Agent/Office

FILEJET INC.
710 E MAIN ST
LEXINGTON, KY 40502

I, **ANDREW WHITE**, consent to sign for **FILEJET INC.** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, January 15, 2024

As the Authorized Representative, I, **SEAN WOODS**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **DIRECTOR**