







STATE OF IDAHO

Office of the secretary of state, Phil McGrane FOREIGN REGISTRATION STATEMENT (LIMITED LIABILITY COMPANY)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 -FILED-

-1 1666

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Foreign Registration Statement (Limited Liability Company)

Select one: Standard, Expedited or Same Day Service (see

descriptions below)

Standard (filing fee \$100)

Foreign Limited Liability Company

1. The name this limited liability company will use in Idaho is:

Type of Limited Liability Company

Entity name

OMB Insurance, LLC

OMB Insurance, LLC

2. Home Jurisdiction

The jurisdiction of formation is:

NORTH CAROLINA

3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

Street Address

603 S. CHURCH STREET

SUITE 218

MOORESVILLE, NC 28115

 $4. \ The \ mailing \ address \ of \ its \ domestic \ principal \ office \ (if \ required \ by \ the \ laws \ of \ the \ jurisdiction \ of \ formation) \ is:$

Mailing Address

603 S CHURCH ST

STE 218

MOORESVILLE, NC 28115-3516

5. The complete street address of the principal office is:

Principal Office Address

603 S CHURCH ST

STE 218

MOORESVILLE, NC 28115-3516

6. The mailing address of the principal office is:

Mailing Address

603 S CHURCH ST

STE 218

MOORESVILLE, NC 28115-3516

7. Registered Agent Name and Address

Registered Agent

COGENCY GLOBAL INC.
Commercial Registered Agent

Physical Address

1555 W SHORELINE DR

STE 100

BOISE, ID 83702

Mailing Address

1555 W SHORELINE DR

STE 100

BOISE, ID 83702

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

8. Governors

Name	Title	Address
David Stunja	CEO	603 S CHURCH ST STE 218 MOORESVILLE, NC 28115-3516



Job Title: CEO

Signature of individual authorized by the entity to sign:

David Stunja	05/16/2025
Sign Here	Date



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

OMB INSURANCE, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 12th day of January, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of May, 2025.

Elaine I Marshall

Secretary of State