

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000304256 3)))



H070003042563ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**ONYX MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 DEC 21 AM 9:21

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. McKnight DEC 24 2007

Dec. 21. 2007 10:34AM

No. 3063 P. 2/4

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. ONYX MANAGEMENT, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. NEW YORK**

(State or country under the law of which it is incorporated)

**3. 02-0792902**

(FEI number, if applicable)

**4. December 7, 2006**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. Upon Filing**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 9636 San Vittore Street, Lake Worth, FL 33467**

(Principal office address)

**9636 San Vittore Street, Lake Worth, FL 33467**

(Current mailing address)

**8. Management Services**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Gall Sommer**

Office Address: **9636 San Vittore Street**

**Lake Worth**

(City)

, Florida **33467**

(Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 DEC 21 AM 9:24

APPROVED  
AND  
FILED

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*



(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

(H070003042503)

Dec. 21. 2007 10:34AM

No. 3063 P. 3/4

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7 DEC 21 AM 9:24

APPROVED  
AND  
FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: BARBARA OLINER

Address: 45 W. 60th STREET, #35K, NEW YORK, NY 10023

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Barbara A. Oliner  
(Signature of Director or Officer listed in number 12 of the application)

14. BARBARA A. OLINER, SECRETARY  
(Typed or printed name and capacity of person signing application)

(H070003042563)

Dec. 21, 2007 10:34AM 2063

No. 3063 P. 4/4

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ONYX MANAGEMENT, INC. was filed on 12/07/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of December  
two thousand and seven.*

Daniel Shapiro  
Special Deputy Secretary of State

200712210167 \* 13

APPROVED  
AND  
FILED

07 DEC 21 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(H070003042563)