

12/31/2019

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**Onex, Inc.**

Certificate of Status	0
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T. LEMUEX

JAN 07 2020

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

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

2. Pennsylvania 3. 25-1158121
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/26/1966 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 917 Bacon Street, Erie, PA 16511
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. 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.

C T Corporation System

By: Mike Jones Assistant Secretary

(Registered agent's signature)

10. 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.

2020 Dec 31 11:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Address: 917 Bacon Street, Erie, PA 16511

Vice Chairman: Andrew Walters

Address: 917 Bacon Street, Erie, PA 16511

Director:

Address:

Director:

Address:

President: Ashleigh Walters

Address: 017 Bacon Street, Erie, PA 16511

Vice President: Andrew Walters

Address: 917 Bacon Street, Erie, PA 16511

Secretary: Andrew Walters

Address: 917 Bacon Street, Erie, PA 16511

Treasurer: Andrew Walters

Address: 917 Bacon Street, Erie, PA 16511

12. Ushleigh E. Walters

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Ashleigh Walters, President

(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

12/31/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ONEX, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have heretofore set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in black ink that reads "Kathy Bookman".

Secretary of the Commonwealth

Certification Number: TSC191231070081-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>