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(((H20000229373 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: COGENCY GLOBAL, INC.

Account Number : 120000000088

Phone

: (800)221-0102

Fax Number

: (800)944-6507

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 Omobono, Inc.

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COVER LETTER

	egistration Section livision of Corporat	ions				
SURIF	CT: Omobono, Inc.					
ODDEC		Name of	corporation	- must i	nclude suffix	
Dear Sir o	or Madam:					
"Certifica	sed "Application by te of Existence," or erenced foreign cor	"Certificate of	of Good Stand	ding" an	d check are subr	t Business in Florida," nitted to register the
Piease ret	um all corresponde	nce concernin	g this matter	to the fo	llowing:	
Adrienne	Chan			_	_	
			Name of	Person		
Stevens &	Chan Chartered					
	<u> </u>		Firm/Com	pany		
161 N Cla	ark Street, Suite 1600				_	
	· · · · · · · · · · · · · · · · · · ·		Addre	ess		
Chicago,	IL 606 01					
			City/State as	nd Zip c	ode	
chan@ste	vens-chan.com					
	E	-mail address:	(to be used f	or future	annual report n	otification)
For furth	er information conc	erning this ma	itter, please c	all:		
Adrienne	Chan		312 _	786-	1257	
	Name of Person	·	Area Cod	<u> </u>	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please ma	l is a check for the fake check payable to: O Filing Fee	ollowing amo FLORIDA DE \$78.75 Filing Certificate o	PARTMENT 3 Fee & [□ \$ 78.75	ATE 5 Filing Fee & ied Copy	☐ \$87.50 Filing Fee, Certificate of Status of Certified Copy

To:

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.

	rporation; must include "INCORPORATED," "(rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in	Florida)
Delaware	3 47	-1359297	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
05/13/2014	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual	1)
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)	
325 W Huron St.,	Suite 215, Chicago, IL 60654		
	(Principal office	street address)	
(Current mailing address, if different)		2020 JUL	
Name and stree	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	on The second second
	Cogency Global Inc.	_	44 H 108
Name:			
Name:	115 North Calhoun Street, Suite 4		, —
Name: fice Address:	115 North Calhoun Street, Suite 4 Tallahassee		9. OB

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 dutles, and I am familiar with and accept the obligations of my position as registered agent.

Christ Marcia ASST, Secy.

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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To:

A. DIRECTORS			
□ Chairman	Name:	□Chairman	Name: Francesca Brosan Brunt
□Vice Chairman	St Gites Hall Address:	□Vice Chairman	Address: St Giles Hall
□Director	Pound Hill	■ Director	Pound Hill
President	Cambridge, CB3 OAE, GB	☐ President	Cambridge, CB3 0AE, GB
□Vice President		□Vice President	
□Secretary	☐Treasurer	Secretary	☐Treasurer
Other	Other	Other	
□ Chairman	Name: Christopher Butterworth	□Chairm a n	Name: Joe Kelly
□Vice Chairman	Address:	∐Vice Chairman	Address: 235 W Hepon St. Spire 215
Zi Director	Pound Hill	Director	Chicago, IL 60654
□President	Cembridge, CB3 0AE, GB	☐President	
		□Vice President	
Secretary	☐ Treasurer	☐Secretary	☐ Treasurer
□Other	□ Other	□ Other	Clother
Chairman	Name:	□ Chairman	The state of the s
Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
lPresident		□President	<u></u>
IVice President		□Vice President	
Secretary	☐ Treasurer	☐Secretary	☐Treasurer
Other		□ Other	Other
odividuals mayor	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	achment will be image ent of State Annual I	ged for reporting purposes only. Non-indexed Report form.
12.	Signature of Director	or Officer	
she is aware that ! s.817.155, F.S.	ector signing this document (and who is listed in numb false information submitted in a document to the Depar	er 11 above) affirms riment of State consti	that the facts stated herein are true and that he or itutes a third degree felony as provided for in
13. Charles Ol	iver-Dansia, President		
	(Typed or printed name and capacity of per	zou zigmuß abbiteunt	ווט)

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "OMOBONO INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE THIRTEENTH DAY OF MAY,

A.D. 2014, AT 12:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "OMOBONO INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMOBONO INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5532573 8310

SR# 20203264923

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202850497

Date: 04-29-20