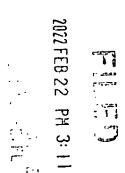
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(Re	questor's Name)	
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S. FRANKLIN MAR 1 0 2022

### **COVER LETTER**

10.	Division of Corpo					
SUBJ	ECT:	ONNIK	CORP.			
		Name of corpo	ration -	must include suffix		
Dear S	ir or Madam:					
"Certif	icate of Existence,"		d Standi	uthorization to Transac ng" and check are subr in Florida.		
Please	return all correspon	dence concerning this	matter to	the following:		
		HAREE	SHA BC	YAGODAGE		
		Nai	ne of Pe	rson		
		H&B PREMII	ER TAX	& ACCOUNTING LLC		
		Firn	ı/Compa	ıny		70
		2300 GRAN	D AVEN	IUE, RM 207	_	2022 FEB
			Address		<u>;-</u>	B ==
		BALD	WIN, N	Y 11510	: 1.	22
		City/S	tate and	Zip code	<u> </u>	PH
				PREMIER.COM	Çr.,	_ بب _
		E-mail address: (to be	used for	future annual report no	-	, —
For fur	ther information co	ncerning this matter, pl	ease cal	l:		
	ALOK ARORA	at (		304-7741		
	Name of Person		a Code	Daytime Teleph	one Number	_
	STREET/COURI Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3.	on rations ahassee treet, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
Please r		following amount: : FLORIDA DEPARTS ] \$78.75 Filing Fee & Certificate of Status	<b>=</b> 9	F STATE 378.75 Filing Fee & Certified Copy	□ \$87.50 Fili Certificate Certified C	of Status &

## 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.

	able in Florida, enter alternate corporate name		ting business in Florida)
NEW YORK	3.		
08/16/1995	y under the law of which it is incorporated)  5.	(FEI number, if	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
			_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liab	oility)
	67-74 75TH STREET, MII	DDLE VILLAGE, NY 11379	
	(Principal offi	ce street address)	
	(Current mailin	g address, if different)	2022
Name and stree	et address of Florida registered agent: (P.C	) Roy NOT acceptable)	022 FEB
Name:	ONNIK MOURADIAN	. box <u>1101</u> acceptable)	22
ice Address:	1512 GREAT BELT CIRCLE	<del></del>	平
	MELBOURNE	, Florida 32940	÷ = = = = = = = = = = = = = = = = = = =
	(City)	(Zip code)	
ving been nam	ent's acceptance: ed as registered agent and to accept servi application, I hereby accept the appointn omply with the provisions of all statutes re	ient as registered agent and ag	gree to act in this capa

under the law of which it is incorporated.

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

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

A. DIRECTORS				
□Chairman	Name: ONNIK MOURADIAN	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	MELBOURNE, FL 32940	□Director		
President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	□Secretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary		□TreasuA27
Other	Other	Other		□Other □
				22 PH
□Chainnan	Name:	□ Chairman	Name:	i i i
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>
□Director	<del></del>	□Director	<del></del>	
□President		□President		
□Vice President		□Vice President		<del> </del>
□Secretary	□Treasurer	Secretary		☐Treasurer
□Other	□Other	□Other	<del></del>	□Other
Important Notice: I individuals may be	Use an attachment to report more than six (6). The atta- added to the index when filing your Florida Departme	chment will be image ent of State Annual Re	d for reporting p	urposes only. Non-indexed
	Quik Morradian Signature of Director of		· <del>-</del> '	
	Signature of Director of	r Officer	<u> </u>	
The officer or direct she is aware that fars. 817.155, F.S.	etor signing this document (and who is listed in number lise information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	nat the facts state utes a third degre	d herein are true and that he or e felony as provided for in
13.	PRESIDENT			

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

ONNIK CORP.

DOS 1D Number:

1948478

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

08/16/1995

**Statement Status:** 

CURRENT

Statement Due Date:

08/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** 

CERTIFICATE OF INCORPORATION

Date of Filing:

08/16/1995

**Entity Name:** 

ONNIK CORP.

Document Type:

DISSOLUTION BY PROCLAMATION

Date of Filing:

04/27/2011

Document Type:

ANNULMENT OF DISSOLUTION

Date of Filing:

08/23/2012

**Document Type:** 

**BIENNIAL STATEMENT** 

Date of Filing:

02/03/2022

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official scal of the Department of State, at the City of Albany, on February 17, 2022 at 01:08 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C Hylan

By Brendan C. Hughes
Executive Deputy Secretary of State

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