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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/20/23

NAME: ONEWELTH INC.

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Onewelth Inc			
	Name of	corporation	- must include suffix	
Dear Sir-or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	f Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.	
Please return	all correspondence concerning	this matter	to the following:	
Jake Failing				
	140 0 0,00 110-br.	Name of I	Person	
IBCF Inc.				
		Firm/Com	pany	
407 North High	hland Avenue		۲.	
		Addre	ss	
Nyack, Ny 109	60			
		City/State ar	d Zip code	
jfailing@ibcf.c				
	E-mail address: (to be used fo	or future annual report notification)	
For further inf	formation concerning this matt	ter, please ca	dl:	
Jake Failing 845		398 0900		
Name	e of Person	Area Code) 398 0900 Daytime Telephone 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	
	check for the following amounted payable to: FLORIDA DEPA ng Fee	ARTMENT	DF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy	

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.

	corporation; must include "INCORPORATED," corp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATION."	_	
	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting business in Florid	a)	
Delaware	3	(FEI number, if applicable)	_	
1/17/2022				
(Date	of incorporation)	(Date of duration, if other than perpetual)		
			<u></u> 3	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)	<u> </u>	
450 Alton Road,	Suite 3506, Miami Beach, FL 33139		~)	
·	(Principal office	estreet address)	ري— 	
	(Current mailing	address, if different)	- 🚉	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Legaline Corporate Services, Inc.			
Office Address:	5237 SUMMERLIN COMMONS BLVD			
	SUITE 400, FORT MYERS	, Florida		
	(City)	(Zip code)		
laving been nam esignated in this	application, I hereby accept the appointme	of process for the above stated corporation at the nt as registered agent and agree to act in this ca ative to the proper and complete performance of	pacity.	

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]:

(Régistered agent's signature)

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

A. DIRECTORS				
□ Chairman	Name:	□Chairman	Name:	rav Mürchandani
□ Vice Chairman	Address:	□Vice Chairman	Address:	50 Alton Road
Director	450 Alten Road, Suite 3506	Director		Road, Suite 3506
□President	Miami Beach, FL 33139	ClPresident	Miami Bear	ch, FL 33139
□Vice President		□ Vice President		
□Secretary	□Treasurer	■ Secretary		□Treasurer
□ Other	□Other	Other		[]Other
∐Chairman	Name:	□Chairman	Nальс:	
□Vice Chairman	Address:	□ Vice Chairman		
□Director		Director		
□President		President		
□Vice President				
□Secretary	□Treasurer	□ Secretary		□Treasurer ○
□Other	○Other	Other		□Other
				ζ,
ElChairman	Name:	_ Chairman	Name:	
□Vice Chairman	Address:	_ □Vice Chairman	Address:	,
□ Director		_ Director		- <u> </u>
□President		_ President		
□ Vice President	<u> </u>	_ □ Vi∞ President		
Secretary	□Treasurer	□ Secretary		☐Trensurer
Other		□Other		□Other
12The officer or direct	(se an attachment to report more than six (6). added to the index when filing your Florida D Signature of D or signing this document (and who is listed in	rector Officer	t the facts stat	ed herein are true and that ha or
3.817.133, F.S.	se information submitted in a document to the			ee leiony as provided for in
13	(Typed or printed name and capacity	rav Mirchandar of person signing application)	<u> </u>	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ONEWELTH INC" IS DULY INCORPORATED

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

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONEWELTH INC"

WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2023.

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

20 TH

Authentication: 202515198

Date: 01-18-23

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