F2-3000004293

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
3750 0000				





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COVER LETTER

TO:		ion Section of Corporations					
SUBJ	ECT: On	lyUs Corp.					
		N	ame of corporat	ion - m	ust include suffix		
Dear S	sir or Mada	m;					
"Certif	ficate of Ex		ficate of Good S	tanding	" and check are subi	et Business in Florida," mitted to register the	
Please	return all c	orrespondence cor	ecerning this ma	iter to t	ne following:		
Alejano	dro Curiel						
	<u></u>		Name	of Pers	on		
OnlyU:	s Corp						
			Firm/C	ompan	ý		
666 Du	mdee Rd, St	iite 604					
			Ac	ldress			
Northb	rook, Illinoi	s 60062					
			City/Stat	e and Z	ip code		
ac@cn	cus.app						
		E-mail ac	ldress: (to be use	d for fu	iture annual report n	otification)	
For fur	rther inforn	nation concerning t	his matter, pleas	e call:			
Alejandro Curiel 773			, (de Daytime Telephone Number			
	Name of	Person	Area C	ode /	Daytime Teleph	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	ed is a check make check 0.00 Filing l		g amount: DA DEPARTME Filing Fee & cate of Status	□ \$73	STATE 8.75 Filing Fee & entified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

Jalawai	able in Florida, enter alternate corporate name add	•	in r ionda)	
State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	- E	
•			در. دست	
(D-4)	of incorporation) 5	(Date of duration if other then moment	ial) —	
(Jake	of incorporation)	(Date of duration, it other than perpett	(الفا 	
	(Date first transacted business in F		 (~\	
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty hability)	6: 00	
16192 Coastal Higway, Lewes, Delaware, 19958				
ame and stre	et address of Florida registered agent: (P.O. I	Box NOT acceptable)		
ame and <u>stre</u> Name:	et address of Florida registered agent: (P.O. I Registered Agents Inc	Box NOT acceptable)		
Name:		Box <u>NOT</u> acceptable)		
Name:	Registered Agents Inc 7901 4th St N STE 300			
Name:	Registered Agents Inc 7901 4th St N STE 300	Box NOT acceptable) , Florida 33702(Zip code)		
Name: ffice Address: Registered ag aving been nam signated in this rther agree to c	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg	The street of the proper and complete performative to the performa	this capa	
Name: ffice Address: Registered ag aving been namesignated in this	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives.	The street of the proper and complete performative to the performa	this capa	

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.

A. DIRECTORS									
□Chairman	Name:	□Chairman	Name: 835 Long Rd Address:						
□Vice Chairman	Address:	□Vice Chairman							
Director	Northbrook, Illinois 60062. USA.	Director	Glenview, IL, 60025. USA.						
□President		□President							
□Vice President		□Vice President							
□Secretary	□Treasurer	Secretary	□Treasurer						
LJOther	□Other	Other Amberias	xi person □Other						
□Chairman	Name:	□ Chairman	Name:						
□ Vice Chairman	Address:	□Vice Chairman							
□Director		□Director							
□President		□President							
□Vice President		□Vice President							
☐ Secretary	□Treasurer	Secretary	□Treasurer						
□Other		Other	Other						
⊟Сhаіппшı	Nume:	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:						
□Director		□Director							
□President		□President							
□Vice President		□Vice President							
Secretary	☐ Treasurer	□Secretary	□Treasurer						
Other	□ Other	□Other	Other						
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.									
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.									

Alejandre Curiel

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ONLYUS CORP." 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 THIRTY-FIRST DAY OF MARCH, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONLYUS CORP."

WAS INCORPORATED ON THE FOURTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE.

BEEN PAID TO DATE.

Authentication: 203049370

Date: 03-31-23

7122248 8300

SR# 20231238263



June 8, 2023

ALEJANDRO CURIEL 666 DUNDEE RD STE 604 NORTHBROOK, IL 60062 US

SUBJECT: ONLYUS CORP. Ref. Number: W23000081059

We have received your document for ONLYUS CORP, and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

RFCEIVED

JUL 1 7 2023

Letter Number: 023A00013079

www.sunbiz.org