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To:

Division of Corporations

Fax Number : (850)617-6383

 $\ddot{\circ}$

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Fax Number : (214)317-4754

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

ِ £mail Address: ِ

FOREIGN PROFIT/NONPROFIT CORPORATION ON COMMS, INC.

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May 3, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: ON COMMS, INC.

REF: W24000069056

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Karen A Saly Regulatory Specialist II FAX Aud. #: H24000159930 || Letter Number: 624A00009673 To: -18506176383 From: 14693173436 Date: 05/03/24 Time: 3:40 PM Page: 03/05

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.	ONICOMMS,	INC.			
	(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION, "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")				
	On Comms, Inc	:.			
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting to Delaware 99-2524768			business in Florida)	
2.		 y under the law of which it is incorporated) 	(FEI number, if app	licable)	
ı	4/16/2024	•			
4.	(Date	5. cof incorporation)	(Date of duration, if other th	an perpetual)	
б.	5/1/2024				
v.			in Florida, if prior to registration) 502, F.S., to determine penalty liability		
7	1600 Touchton R	d, Ste 1150, Jacksonville, FL, 32246			
,	4600 Touchton F	(Principal off Rd., Ste. 1150, Jacksonville, FL 32246	lice <u>street</u> address)		
-			ng address, if different)	<u>. J</u>	
	Name and <u>stree</u> Name: fice Address:	Susie Nguyen 4600 Touchton Rd, Ste 1150	O. Box <u>NOT</u> acceptable)	SECULIAR OF CORP	FILEU
OH.	nee Address:	Jacksonville	 , Florida 32246	PH 4: 1	STATE
		(City)	(Zip code)	ONS	. • •
Ha des fur	wing been nam signated in this ther agree to c	ent's acceptance: ned as registered agent and to accept serve application. I hereby accept the appointment with the provisions of all statutes is with and accept the obligations of my possible. Susie Nguyen (Registered agent's serve	ment as registered agent and agree relative to the proper and complete osition as registered agent.	to act in this capacity.	I
		(Registered agent's	signature)		
the	Department of	certificate of existence duly authenticated f State, by the Secretary of State or other owhich 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].

To: 18506176383 From: 14693173436 Date: 05/03/24 Time: 3:40 PM Page: 04/05 (((H24000159930 3))) A. DIRECTORS HKareem Jones □Chairman □Chairman DVice Chairman Address []Vice Chairman Address: __ 4600 Touchton Rd. Ste 1150 4600 Touchton Rd Director □ Director Ste 1150, Bldg. 100 Ste 150 Jacksonville, FL, 32246 President President Jacksonville, FL, 32246 □ Vice President □ Vice President _____ @Secretary Treasurer []Secretary Treasurer : ≝Other ____ □Other ____ ☐Other _____ □Other _____ Name: William Buck □Chairman □Chairman : Name: Address'_ □ Vice Chairman Address _____ ☐ Vice Chairman 2600 Virginia Avenue NW Ste B200 Director Director Washington, DC, 20037 □ President ☐ President □Vice President _____ □ Vice President ■ Secretary □Secretary Treasurer Treasurer Other ____ □Other _____ Other □ Other Name. □ Chairman □Cheirman Name: □Vice Chairman Address _____ Address:_ ☐ Vice Chairman Director Director []President President □ Vice President □Vice President □ Secretary Treasurer □ Secretary Treasurer □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. 12. Susia Nguyen
Signature of Director of 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.\$17.155, F.S. Susie Nguyen, Treasurer (Typed or printed name and capacity of person signing application)

(((H24000159930 3)))

(((H24000159930 3)))

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ON COMMS, 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 FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ON COMMS, INC."

WAS INCORPORATED ON THE SIXTEENTH DAY OF APRIL, A.D. 2024.

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

at corp.delaware.gov/auth

Authentication: 203370609

Date: 05-01-24

3457182 8300 SR# 20241774228

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