

F24000005253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

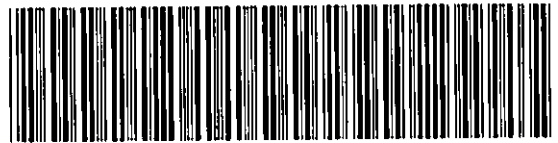
(Document Number)

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2024 OCT -6 PM 10:51

2024 OCT -7 PM 3:33

SECRET
TALLAHASSEE, FL

RECEIVED

OCT 09 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: ONR APPLICATIONS, INC.
Ref. Number: W24000137232

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

Please list the title for Fernando Campo.,

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 724A00022170

RECEIVED
2024 OCT -8 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$87.50

Authorization Signature: James L. L.

Business Name: ONR Applications Inc.

Document #

☒ **X** **Certified Copy**

☒ **X** **Certificate of Status**

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ Corp
☐ Inc
☐ Other

☐ Amendment
☐ Resignation / Dissociation
☐ Change of Registered Agent
☐ Dissolution for LLC
☐ Merger
☐ Articles of Conversion
☐ Amended & Restated Articles of Incorporation
☐ Statement of Correction

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)
☐ Country(s)

☒ **X** **Foreign Filing CORP**
☐ Reinstatement
☐ Qualification
☐ Fictitious Name
☐ Annual Report

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONR Applications Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alan Gucovschi

Name of Person

ONR Applications Inc.

Firm/Company

370 NE 75 St, Suite 127

Address

Miami/FL/33138

City/State and Zip code

alan@onrapp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Gucovschi

at (954)

232-7342

Name of Person

Area Code

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified 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.*

1. ONR Applications, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- ONR App Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 82-4361703
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/14/21 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 370 NE 75 St, Suite 127, Miami, FL, 33138
(Principal office street address)
- 370 NE 75 St, Suite 127, Miami, FL, 33138
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Alan Gucovschi
- Office Address: 370 NE 75 St, Suite 127
- Miami, Florida 33138
(City) (Zip code)

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



(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]:

A. DIRECTORS

☒ Chairman Name: Alan Gucovschi
370 NE 75. St. Suite 127
☐ Vice Chairman Address: _____
Miami, FL, 33138
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Edward Rodriguez
370 NE 75. St. Suite 127
☐ Vice Chairman Address: _____
Miami, FL, 33138
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: Michael Rechter
370 NE 75. St. Suite 127
☐ Vice Chairman Address: _____
Miami, FL, 33138
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Carlos Guzman
370 NE 75. St. Suite 127
☒ Vice Chairman Address: _____
Miami, FL, 33138
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Nicolas Turbay
370 NE 75. St. Suite 127
☐ Vice Chairman Address: _____
Miami, FL, 33138
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Fernando Campo
370 NE 75. St. Suite 127
☐ Vice Chairman Address: _____
Miami, FL, 33138
☒ Director _____
☐ President _____
☐ Vice President _____
☐ 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. 
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.

13. Alan Gucovschi - Chairman
(Typed or printed name and capacity of person signing application)

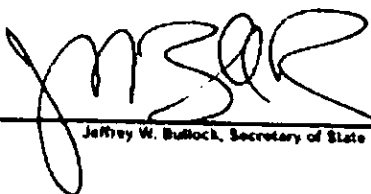
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONR APPLICATIONS, 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 OCTOBER, A.D. 2024.




Jeffrey W. Bullock, Secretary of State

5921592 8300

SR# 20243824575

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

Authentication: 204520091

Date: 10-01-24