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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2023 MAR 22 AM 10:57

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FL

500405160515

DOCUMENT # L21000008443

1. Limited Liability Company's Name

ON OUR WAY, LLC.

2. Principal Office Address - No P.O. Box # 4110 HELENA ST NE

3. Mailing Office Address 4110 HELENA ST NE

5. Suite, Apt. #, etc.

5. Suite, Apt. #, etc.

4. State/Country of Formation FLORIDA

CR2E01(1/14)

5. Date Organized or Qualified To Do Business In Florida 01/11/2021

City & State ST PETERSBURG, FL

City & State ST PETERSBURG, FL

6. FEI Number 86-1555480

Applied For Not Applicable

Zip 33703

Country USA

Zip 33703

Country USA

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

B. Name and Address of Current Registered Agent

Name FIRST CORPORATE SOLUTIONS, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite 155 OFFICE PLAZA DRIVE

Apt. #, Etc.

REINSTATEMENT

2023

City TALLAHASSEE

State Zip Code FL 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Dang Nguyen, Assistant Secretary

Date 3/21/2023

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	MUDD, RILEY	4736 GLORIANNE CIR E	JACKSONVILLE, FL 32207
AMBR	GOUDREAU, GRIFFIN	3259 HIGHVIEW DR.	SAN DIEGO, CA 92104

11. E-mail Address raservices@ficoso.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

Signature of authorized representative/member

Date 3/21/2023

Daytime Phone # 408-507-3523

Typed or printed name of signing authorized representative/member Griffin Goudreau

MAR 22 2023

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: 03/22/2023

NAME: ON OUR WAY, LLC

TYPE OF FILING: REINSTATEMENT

COST: 238.75

RETURN: PLAIN COPY PLEASE


REGISTRATION OFFICE
TALLAHASSEE, FLORIDA

2023 MAR 22 PM 12:43

RECEIVED

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

