Division Corporator

https://efile.sunbiz.org/scripts/efilcovr.exe

Forida Development of Late Dissip of Coporation Electronic Files Cow Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001767623)))



H120001767623ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

Foreign Limited Liability Company
Onix Capital LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SECRETARY OF STATE TALLAHASSEF FI OPIO

The second secon

RECEIVED

2 JUL -6 AM 6:
ECRETARY OF STA

J. SAULSBERRY EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 9 2012

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ONIX CAPITAL LLC	
•	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Ç0	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wastern of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability impany," "L.L.C," "LLC.")	ritten y
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Fig. number, if applicable)	
4.	(Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	1680 Michigan Avenue, Suite 913	1 3
	Miami Beach, FL 33139 (Street Address of Principal Office)	Į.
8.	If limited liability company is a manager-managed company, check here 🗸	
9.	The name and usual business addresses of the managing members or managers are as follows: Alberto Chang Rajii, 1680 Michigan Avenue, Suite 913 Miami Beach, FL 33139	
the trai	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconjurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under cath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Filorida:	ds in
	Signature of a member or an authorized representative of a member. (In accordance with acction 608.408(3), E.B., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am avoid that any false information submitted in a	•
	document to the Department of State constitutes a third degree follow as provided for in s.817.155, F.S.) Kristine Roy, as Attorney-in-Fact	
	Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:			
ONIX CA	PITAL LLC			
If unavailable, t	he alternate to be used in the state of Florida is:			
2. The name an	d the Florida street address of the registered agent and office are:			
	Alberto Chang Rajli	IAL IAL	201	٠,
	(Name)	CREI	2012 JUL	
	1680 Michigan Avenue, Suite 913	(SSI		, . .
,	Florida Street Address (P.O. Box NOT ACCEPTABLE)			•
	Miami Beach FL 33139	STATE	50 50 50	
liability company agent and agree relating to the pr	ned as registered agent and to accept service of process for the above st y at the place designated in this certificate. I hereby accept the appointm to act in this capacity. I further agree to comply with the provisions of oper and complete performance of my duties, and I am familiar with an enjosition as registered agent as provided for in Chapter 608, Florida S (Signature) Alberto Chang Ra By: Kristine Roy	nent as regi all statutes ud accept th tatutes.	ed istered ne istered Age	
. •	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent			
	\$ 30.00 Certified Copy (optional)			
	\$ 5.00 Certificate of Status (ontional)			

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONIX CAPITAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONIX CAPITAL LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2012 JUL -6 AM 8: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIO

5178893 8300

120813114

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 9693263

DATE: 07-06-12

You may varify this cortificate online at corp. delaware. gov/authver. shtml