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To:

Division of Corporations

Fax Number: : (850)617-6383

Prom:

Addount Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400

Fas Number : (302)645-1080

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

imtiazahmed1967@yahoo.com Email Address:

Foreign Limited Liability Company ONIA, LLC

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ONIA, LLC	TATE OF FLORIDA:		
(Name of Foreign Limited Liability Company; must include "Limited Liability Com	maay,""L.L.C." or "LL	C.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Flor liability Company," "L.L.C." or "L.E.C.")	ida. The alternate name n	nust include "Limite	d
Delaware 3	:		
(Jurisdiction under the law of which foreign limited liability company is organized) (F	El number, if applicable)	Z 28	
No business transacted in Florida prior to registration	,		عصوم دو و
(Date first transacted business in Florida, if prior to registre (See sections 605,0904 & 605,0905, F.S. to determine penalty	niod.) / linhility)	THE R	, sept 7:
_{5.} 812 Calvert Ave.		30 ARY SSE	,
Lehigh Acres, FL 33971			g \$ 194444
(Street Address of Principal Office)	;	RAT W	
_{5.} 812 Calvert Ave.		ट्या ज	
Lehigh Acres, FL 33971	1		
Imtiaz Ahmed, Member 812 Calvert Ave. Lehigh	Acres, FL.	339/1	
Imtiaz Ahmed, Member 812 Calvert Ave. Lehigh	Acres, FL	339/1	
8. Attached is an original certificate of existence, no more than 90 days of having custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the emust be submitted) Signature of an authorized person the accordance with section 605,0203. F.S., the execution of this document constitutes an allignation under	old, duly authentica organized. (A photoertificate under oa	ted by the offic ocopy is not th of the transla	itor
8. Attached is an original certificate of existence, no more than 90 days of having custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the must be submitted) Signature of an authorized person that accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under am aware that any fulse information submitted in a document to the Department of State constitutes a third of the department of State constitutes as third or the department of State constitutes as the dep	old, duly authentica organized. (A photoertificate under oa	ted by the offic ocopy is not th of the transla	itor
8. Attached is an original certificate of existence, no more than 90 days of having custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the emust be submitted) Signature of an authorized person the accordance with section 605,0203. F.S., the execution of this document constitutes an allignation under	old, duly authentica organized. (A photoertificate under oa	ted by the offic ocopy is not th of the transla	itor

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ONIA, LLC	any is:	:	
If unavailable, the alternate to be used in the	state of Florida is:	:	
2. The name and the Florida street address of	of the registered agent ar	nd office are:	1
Imtiaz Ahmed		:	
* Self-of-Manager distributions	(Name)		201 YAL
812 Calvert Ave	·.		2015 HAR 30 SECRETAR) FALLAHASS
Florida Street Add	ress (P.O. Box NOT ACCEPT	ABLE)	30 ASS
Lehigh Acres	FL 33971	:	
	City/State/Zip	:	8: 35 STATE ORID:
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capa stantes relating to the proper and complete paccept the obligations of my position as regist Stantes.	his certificate, I hereby a city. I further agree to c erformance of my duties,	ceept the appoint outly with the p	stated limited iment as rovisions of all ar with and
(Signal	ture)	AND STREET OF ANY LOCAL	
\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application of Regist Certified Copy (option	ered Agent	

Certificate of Status (optional)

5.00

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Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "ONIA, 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 THIRTIETH DAY OF MARCH, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONIA, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2015.

5707166 8300

150430646

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

peffrey W. Buillock, Secretary of State

DATE: 03-30-15

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