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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 07 2018



May 23, 2018

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: OnnexCo, LLC Document # L18000127162

Dear Sir/Madam:

We applied for what we thought was a Foreign Limited Liability Company, and were informed that we erroneously applied for a Florida Limited Liability Company.

We would like to change the status of the LLC from Florida to Foreign. Most importantly, we would like to keep the name OnnexCo, LLC.

Enclosed please find the following:

- Cover Letter,
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida,
- Good Standing Certificate and ,
- The Articles Of Dissolution For A Limited Liability Company to dissolve the one inadvertently created on May 21, 2018.
- Check in the amount of \$130 for the filing fee & Certificate of Status (Foreign LLC)
- Check in the amount of \$25 for Filing Fee and Certificate of Dissolution (Dissolution of FL LLC)

We are in urgent need of the document number to obtain a Sales Certificate in FL, due to the filing errors we found ourselves in this predicament. We kindly ask to process these applications in an urgent matter at your availability. We thank you in advance for your understanding and attention to this matter!

Very truly yours,

A handwritten signature in black ink that reads "KJ SCHWARTZMEYER".

Kevin Schwartzmeyer
Owner/CEO
OnnexCo, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONNEXCO, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KEVIN SCHWARTZMEYER

Name of Person

ONNEXCO, LLC

Firm/Company

649 Fifth Avenue South

Address

NAPLES, FL, 34102

City/State and Zip Code

kevin.schwartzmeyer@onnexco.com

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

For further information concerning this matter, please call:

KEVIN SCHWARTZMEYER

239

963-8864

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ONNEXCO, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4012670

(F.I. number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 649 Fifth Avenue South

(Street Address of Principal Office)

Naples, Florida 34102

6. 649 Fifth Avenue South

(Mailing Address)

Naples, Florida 34102

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KEVIN SCHWARTZMEYER

Office Address: 649 Fifth Avenue South

Naples

(City)

Florida 34102

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

KJ SCHWARTZMEYER

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MANAGER

KEVIN SCHWARTZMEYER

649 Fifth Avenue South

NAPLES, FL 34102

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

KJ SCHWARTZMEYER

Signature of an authorized person

KEVIN SCHWARTZMEYER

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONNEXCO 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 TWENTY-THIRD DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONNEXCO LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2018.

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



6692146 8300

SR# 20184200905

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202750440

Date: 05-23-18