Florida Department of State

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Foreign Limited Liability Company Onamoon Holdings LLC

Certificate of Status	1
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S. FRANKLIN

NOV 2 9 2021

2/004

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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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ONAMOON HOLDINGS LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (It came may valiable, enter alternate more adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Luzbility Company," "L.L.C," or "LLC.") DELAWARE (Jurisd etion under the law of which foreign headed industy company is organized) 200 S BISCAYNE BLVD 200 S BISCAYNE BLVD (Street Address of Principal Office) STE 4100 (LEG) STE 4100 (LEG) MIAMI, FL 33131 MIAMI, FL 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATION COMPANY OF MIAMI Name: 200 S BISCAYNE BLVD, STE 4100 (LEG) Office Address: MIAMI , Florida

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.

(Registered agent's signature) Gary J. Cohen, Vice President

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8. For initial indexing purposes, list names	title or capacity and addresses of the primary members/managers or persons authorized to
manage [up to six (6) total]:	

Member Address:	
Authorized	
□Other □Other □Other □Other □Manager Name: □Manager Name: □Member Address: □Member Address: □Authorized □Authorized □Authorized	
□Manager Name: □Manager Name: □Member Address: □Member Address: □Authorized	
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	9
and the same of th	- 1,100 to 100 t
□Other □Other □Other	7
□Manager Name: □Manager Name: □	74
□Member Address: □Member Address:	
□Authorized □Authorized □	
Person Person	
□Other □Other □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.

- 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.

	799 W. J.	
	Signature of an authorized person	
Jeffrey Butensky		
	(((1121900482876a-2))): signec	

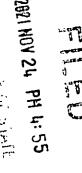


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONAMOON HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONAMOON HOLDINGS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2020.

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



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SR# 20213892567

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

Authentication: 204784754

Date: 11-24-21

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