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COVER LETTER

то:	Registration Section Division of Corporations						
SUBJI	SUBJECT: ONNEN ENTERORISES, L.L.C. Name of Limited Liability Company						
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.					
Please	return all correspondence concerning th	is matter to the following:					
	TOM	OWNEN Name of Person					
		Name of Person					
	ONNEN E	The popiete 110					
	ONNEN ENTERPRISES, LLC Firm/Company						
	6707 CAMBEN BAY DRIVE # 204						
	Tampa, Fa	Con I DA 33635 City/State and Zip Code					
	TNSERVICES E-mail addi	ress: (to be used for future annual report notification)					
For fur	ther information concerning this matter.	please call:					
	Tom ONNE	at (515) 702-7350 Son Area Code Daytime Telephone Number					
	Mailing Address:	Street Address:					
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303					

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

1. ONNEN ENTERPAISES LICE (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "L.L.C.") ONNEN ENTERPAISES Little informer outwishable, enter alternate cause adopted for the purpose of nanoscingly business in Planta. The alternate ranse more include "Limited Liability Company," "L.L.C." or "L.L.C.") (Distribuction under the law of which foreign limited liability company is organized) 3. \$\int S - 35 2.4979\$ (PEI mumber, if applicable) 4. \$\int D B L S IN S IN S S S D S T D ANS ANT ED T ET T T D T D T D T D D	IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. ISINESS IN THE STATE OF FLORIDA:
(Jurisdiction under the law of which foreign limited liability company is organized) 3. \$5-3521979 (PEI number, if applicable) 4. NO BUSINESS TRANS ACTED YET (Date from numerical believes in Florital (Figits in registrature)) (See sections 663.0949 & 603.0949, F.S. in determine penalty liability) 5. \$67.07 Campen Bay Drive \$2.04 (Mailing Address) Tampa, Florida 336.35 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ton Onner Office Address: \$67.07 Campen Bay Drive \$2.04 Tampa, Florida \$36.35 (City) 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. Tampa Tampa	1. ONNEW (Name of Foreign	ENT CRONISES, LLC Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
4. NO BUSINESS TRANSPORTED YET (Due first transported beginness in Florids, If prior to registration) (See section 30 5094 & 30 5095, 5. to determine penelty liability) 5. 6707 CAMBEN BAY DRIVE # 204 6. 6707 CAMBEN BAY DRIVE # 204 Chailing Address of Friedrical Office) TAMBA, FLORIDA TAMBA, FLORIDA 33635 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: TON ONNEN Office Address: 6707 CAMBEN BAY DRIVE # 204 TAMBA Florida 33635 Florida 33635 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. Tem Comme	ONNEW (If name unavailable, enter alternate n	ENTERPRISES LAC ame adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.")
S. 6707 Cander Bay Onive # 204 6. 6707 Cander Bay Onive # 204 Tampa, Florida 33635 7. Name and street address: 6707 Camber Bay Onive # 204 Office Address: 6707 Camber Bay Onive # 204 Tampa, Florida # 7582 #	2. Jurisdiction under the law of wi	A SS-3521979 high foreign limited liability company is organized) 3. SS-3521979 (FEI number, if applicable)
Tampa, FLONIDA 33635 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ton Onnew Bay DNA TONION SERVICE	4. <u>NO Bus</u> /.	NESS TRANSACTED YET (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Ton Onurw ALEGRETARY Office Address: 6707 Cambev Bay Duve T204 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.	5. 6707 Cam (Street Address of Principal Office)	DEN BAY DRIVE # 204 6. 6707 CAMBEN BAY DRIVE # 200
Name: Name: Ton Onugn Office Address: 6707 Cambew Bay Data: Florida 33635 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.	TAMPA,	,
Name: Ton Onnew Bay Onice #204 Office Address: 6707 Campen Bay Onice #204 Tampa . Florida 33635 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.	3 <i>3635</i>	33 <i>63</i> 5
Office Address: 6707 CAMBEN BAY DNICE #204 TAMPA .Florida 33635 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.	7. Name and street addres	s of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
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	to comply with the provision and accept the obligations	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with of my position as registered agent.

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]:

Name and Address:	Title or Capacity:	Name and Address:
Name: Ton ONNEN	☐Manager \	Name:
Address: 6707 CAPDEN BAY 204	`□Member	Address:
TAMPA, FLORIDA	□Authorized	
33635	Person	
Other	Other	Other
Name:	□ Manayer	Name:
Address:	☐ Member	\Address:
	□Authorized	
	Person	
Other	□Other	Other
Name:	□Manager	Name:
Address:	☐ Member \	Address:
	□Authorized	<u>X</u>
	Person	
□Other	Other	Other
	Name: Tor ONNEN Address: 6707 CAMPEN Bry 304 TAMPA, FLORIDA 336:35 Other Name: Address: Address:	Name: Tor Onlier Manager Address: 6707 Carpen Bay 204 Member Tampa, Floring Authorized 33635 Person Other Other Name: Manager Authorized Person Other Other Name: Authorized Person Other Other Name: Manager Authorized Authorized Person Authorized Person Authorized Person

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.

Signature of an authorized person

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 1/12/2022

Name: ONNEN ENTERPRISES LLC (489DLC - 652366)

Date of Incorporation: 12/29/2020

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS237519

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State