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Registration Section

TO:

فموا

المنوكة

Divi	ision of Corporations				
SUBJECT:	Onnx Fundings, LLC				
SUBJECT.	Name of Limited Liability Company				
The enclosed Existence, an	"Application by Foreign Limited Liability Cord check are submitted to register the above references."	npany for Authorizat erenced foreign limite	ion to Transact Business in Florida, ed liability company to transact busi	" Certifica ness in Fl	ate of lorida.
Please return	all correspondence concerning this matter to the	e following:			
	Ira Evan Weintraub, Esq.				
	Name of Person				
	Ira Evan Weintraub, P.A.				
Firm/Company					
	11555 Heron Bay Boulevard, Suite 200				
	Address				2
Parkland, Florida 33076				1.4	ans and
City/State and Zip Code					IJ 6 3
	ıra@iewlegal.com	_		.33€ Twg	
	E-mail address: (to be us	ed for future annual	report notification)	7 6 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7	AH 11:20
For further in	iformation concerning this matter, please call:			7/21	: 20
Ira l	Evan Weintraub, Esq.	954 at (336-9152		
	Name of Contact Person		Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$\Bigsup \text{Certificate of S}	t □ \$155.00 Fili	ng Fee & 🔠 \$160.00 Filing Fee.		

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

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

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

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name: Ira Evan Weintraub, P.A.

11555 Heron Bay Boulevard, Suite 200 Office Address:

Parkland 33076 . 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 fignature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Lorna Affatati Name: __ Name: ■ Manager □Manager 7810 Sequoia Lane Address: □Member □ Member Parkland, Florida 33067 □ Authorized □ Authorized Person Person Other___ Other____ □Other____ □Other____ ШManageг Name: Name: ____ □ Member Address: □ Member Address: □ Authorized □ Authorized Person Person □Other___ Other □Other □Other □Manager □Manager Name: Name: □ 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. Nonindexed 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 \$65,0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State convicutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Lorna Affatati

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ONNX FUNDING, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONNX FUNDING, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2022.

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

Authentication: 204289330

Date: 08-31-22



August 29, 2022

IRA EVAN WEINTRAUB, ESQ. IRA EVEN WEINTRAUB, P.A. 11555 HERON BAY BOULEVARD, SUITE 200 PARKLAND, FL 33076

SUBJECT: ONNX FUNDING, LLC Ref. Number: W22000110820

We have received your document for ONNX FUNDING, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 522A00019217

Mel Solomon
Senior Section Administrator

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