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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ONYX AND EAST, LLC
Account Number : J20220000153
Phone : (317)366-2751
Fax Number : (317)680-3188

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

Email Address: info@onyxandeast.com

**Foreign Limited Liability Company
OP Magnolia Place, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$130.00 |

T. LEMIEUX

SEP 23 2022

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COVER LETTER

TO: Registration Section
Division of Corporations
OP Magnolia Place, LLC

SUBJECT: _____
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:

Andrew B Lahr

Name of Person
Onyx and East, LLC

Firm/Company
1828 Central Ave

Address
Indianapolis, IN 46202

City/State and Zip Code
info@onyxandeast.com

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

For further information concerning this matter, please call:

Andrew B Lahr 317 559-0169

Name of Contact Person at () 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 |

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE
☐ \$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

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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:

OP Magnolia Place, LLC
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")
Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

N/A

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
1828 Central Ave 1828 Central Ave

5. (Street Address of Principal Office) 6. (Mailing Address)
Indianapolis, IN Indianapolis, IN

46202 46202

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

Onyx and East, LLC
Name: 2002 E 4th Ave
Office Address: Tampa 33605
Florida (City) (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.

(Registered agent's signature)

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2022 SEP 22 AM 10:52
CLERK OF COURT
JULIE DEMORET

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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):

| <u>Title or Capacity:</u> | | <u>Name and Address:</u> | | <u>Title or Capacity:</u> | | <u>Name and Address:</u> | |
|--|--------------------------------------|--------------------------|--|--------------------------------------|--------------------------------------|--------------------------|--|
| <input type="checkbox"/> Manager | Name: _____ | Andrew B Lahr | | <input type="checkbox"/> Manager | Name: _____ | | |
| | | 1828 Central Ave | | | | | |
| <input type="checkbox"/> Member | Address: _____ | Indianapolis, IN | | <input type="checkbox"/> Member | Address: _____ | | |
| <input checked="" type="checkbox"/> Authorized | _____ | 46202 | | <input type="checkbox"/> Authorized | _____ | | |
| Person | _____ | | | Person | _____ | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Manager | Name: _____ | | | <input type="checkbox"/> Manager | Name: _____ | | |
| <input type="checkbox"/> Member | Address: _____ | | | <input type="checkbox"/> Member | Address: _____ | | |
| <input type="checkbox"/> Authorized | _____ | | | <input type="checkbox"/> Authorized | _____ | | |
| Person | _____ | | | Person | _____ | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Manager | Name: _____ | | | <input type="checkbox"/> Manager | Name: _____ | | |
| <input type="checkbox"/> Member | Address: _____ | | | <input type="checkbox"/> Member | Address: _____ | | |
| <input type="checkbox"/> Authorized | _____ | | | <input type="checkbox"/> Authorized | _____ | | |
| Person | _____ | | | Person | _____ | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.



Signature of an authorized person

Andrew B Lahr

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OP MAGNOLIA PLACE, 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-FIRST DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OP MAGNOLIA PLACE, LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2022.

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



6852995 8300

SR# 20223583381

You may verify this certificate online at corp.delaware.gov/authver.shtmlHandwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204447705

Date: 09-21-22

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