

12/14/22, 2:28 PM

Division of Corporations

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Florida Department of State

Division of Corporations  
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Foreign Limited Liability Company  
ONX-FORT MYERS, LLC

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S. ROBERTS

DEC 15 2022

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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:

1. ONX-FORT MYERS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

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

4. \_\_\_\_\_  
(Date last transacted business in Florida, if prior to registration; see sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 5200 Earhart Drive 6. 5200 Earhart Drive  
(Street Address of Principal Office) (Mailing Address)

Carrollton, Texas 75006

Carrollton, Texas 75006

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324  
(City) (Zip code)

Florida  
(State)

## 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.*

By James Martin James Martin - Assistant Secretary  
(Registered agent's signature)

2022 DEC 14 AM 11:42

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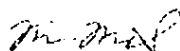
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<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: <u>ONX, INC.</u>	<input type="checkbox"/> Manager	Name: <u>Ashish Bhardwaj</u>
<input checked="" type="checkbox"/> Member	Address: <u>3200 Earhart Drive</u>	<input type="checkbox"/> Member	Address: <u>3200 Earhart Drive</u>
<input type="checkbox"/> Authorized	<u>Carrollton, Texas 75006</u>	<input checked="" type="checkbox"/> Authorized	<u>Carrollton, Texas 75006</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Steven Weibach</u>	<input type="checkbox"/> Manager	Name: <u>Ravi Bhat</u>
<input type="checkbox"/> Member	Address: <u>3200 Earhart Drive</u>	<input type="checkbox"/> Member	Address: <u>3200 Earhart Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>Carrollton, Texas 75006</u>	<input checked="" type="checkbox"/> Authorized	<u>Carrollton, Texas 75006</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Alejandro Castro</u>	<input type="checkbox"/> Manager	Name: <u>Timothy H. Daniel</u>
<input type="checkbox"/> Member	Address: <u>3200 Earhart Drive</u>	<input type="checkbox"/> Member	Address: <u>3200 Earhart Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>Carrollton, Texas 75006</u>	<input checked="" type="checkbox"/> Authorized	<u>Carrollton, Texas 75006</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>General Counsel</u>	<input type="checkbox"/> Other _____
		<input checked="" type="checkbox"/> Other <u>Secretary</u>	<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 605.020(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

Timothy H. Daniel

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONX-FORT MYERS, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2022.

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



7174992 8300

SR# 20224258704

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 205086654

Date: 12-13-22