

M230000006004

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

Foreign Limited Liability Company
Myonex, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
2003 MAY -8 AM 11:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2003 MAY -8 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18

A. Jones

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MYONEX, INC.
100 PROGRESS DRIVE
HORSHAM, PA 19044

4/10/2023

To: Department of State
Division of Corporations

RE: MYONEX, INC. - F22000000922

To whom it may concern:

Please be informed that MYONEX, INC. - F22000000922, has no intention of revoking the dissolution. We are releasing the name for use to another entity.

Cordially,

Michael Cohen
MICHAEL COHEN, CHAIRMAN, OWNER

COHEN, MICHAEL, CHAIRMAN, OWNER
MYONEX, INC.

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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. Myonex, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Pennsylvania
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FBI number, if applicable)

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

5. 100 Progress Drive
(Street Address of Principal Office)

6. 100 Progress Drive
(Mailing Address)

Horsham, PA, 19044

Horsham, PA, 19044

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

Name. LEGALINC CORPORATE SERVICES INC.

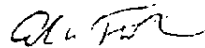
Office Address. 476 Riverside Ave.

Jacksonville, Florida 32202
(City) (Zip code)

FILED
2023 MAY -8 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, 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)

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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, Robert Cohen	<input type="checkbox"/> Manager	Name, Greg Lavin
<input type="checkbox"/> Member	Address, 130 Mahogany Way	<input type="checkbox"/> Member	Address, 2341 Hickory Road
<input type="checkbox"/> Authorized	Lansdale, PA 19446	<input type="checkbox"/> Authorized	Plymouth Meeting, PA 19462
Person		Person	
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name, Michael Cohen	<input type="checkbox"/> Manager	Name, _____
<input type="checkbox"/> Member	Address, 903 Morgan Road	<input type="checkbox"/> Member	Address, _____
<input type="checkbox"/> Authorized	Rydal, PA 19046	<input type="checkbox"/> Authorized	_____
Person		Person	
<input checked="" type="checkbox"/> Other Executive Chairm	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name, James Lovett	<input type="checkbox"/> Manager	Name, _____
<input type="checkbox"/> Member	Address, 121 Bleddyn Road	<input type="checkbox"/> Member	Address, _____
<input type="checkbox"/> Authorized	Ardmore, PA 19003	<input type="checkbox"/> Authorized	_____
Person		Person	
<input checked="" type="checkbox"/> Other CEO	<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.

Michael Cohen

Michael Cohen April 2, 2023 13:35:10

Signature of an authorized person

Michael Cohen

Typed or printed name of signer

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Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Myonex, LLC
Request Type: Subsistence Certificate **Issuance Date:** February 24, 2023
Request No.: 010347219 **File No.:** 0001012330
Receipt No.: 000390382
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: December 23, 1987
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Myonex, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

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