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Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : 🖾 🐥 (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112

Phone : 🕹 👼 (302)575-0875 Fax Number : 😂 👼 (302)575-1642

**Ent	er the email address for this business entity to be used	
574	annual report mailings. Enter only one email address ple	ase.**
OF STATE RPORATIONS E: FLORIDA	Email Address:	
AN INENT ON ON OF CORP. ANASSEE	Foreign Limited Liability Company ONX3-1.6 LLC	-

Certificate of Status Certified Copy 0 02 Page Count \$125.00 Estimated Charge

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Help

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 POREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ONX3-1.6 LLC					
(Nume of Foreign	Limited Liability Company, must include "Limit	ed Liability Company, ""I	. 'L C.," or "LLC.")	,	
Э		·			
iname unavarichia, enter alternata	name adopted for the purpose of transacting husiness in E	inrida. The alternate name m	ust include "Limited (Liability Company, "I	. L.C. ' or "LLC
Delaware		3			
(Iurisdiction under the law of w	thich foreign limited liability company is organized)	J	(FEI aug	iber, if applicable)	
upon qualification					
	(Date first transacted business in Florids, If prior to (See sections 603 990) & 603,0905. F.S. to determ	registration) and penalty liability)			
	1000 N Hwy US1 #902	6.	1000	N Hwy US1 #90)2
treet Address of Principal Office)	Jupiter FL 33477	(Mading)	ddress; Jupite	r FL 33477	
					
				9	<u></u>
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)		:	1024 F
	Agents and Corporations, Inc.			; ;	© N :*
Name:					တ i
	539 5th Ave S Suite 330,				
Office Address:				į	89
	Naples		34102	r"*	 O
	(City)	, Flor	ida (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 obliquitions of my position as registered from

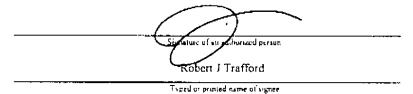
Asst S

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:
□Manager	Name: Robert J Trafford	□Manager	Name:	DNX3 LLC
□Member	Address 127 W Fairbanks Ave	⊠Member		1000 N Hwy US1 #902
X Authorized	#410, Wanter Parl FL 32789	□Authorized		upiter FL 33477
Person		Person		
□Other	□Other	☐Other	<u> </u>	Other
□Manager	Name:	□Manager	Name:	
□Member	Address:			
☐ Authorized		□Authorized		
Person		Person	·	
□Other	Other	Other		□Other
□Manager	Name:	□Manager !	Name:	
□Mcmher	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. 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.





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

DELAWARE, DO HEREBY CERTIFY "ONX3-1.6 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-SIXTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONX3-1.6 LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2024.

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



Jettrey M. Soutons, Excessory of State

Authentication: 202883657