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Florida Department of State

Division of Corporations

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

From:
        Account Name    : C T CORPORATION SYSTEM
        Account Number  : FCA000000023
        Phone           : (614)280-3338
        Fax Number      : (614)573-3996
```

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

Email Address: matilde.robinson@onxhomes.com

Foreign Limited Liability Company

ONX FACTORIES FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

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AUG 28 PM 3:23

Electronic Filing Menu Corporate Filing Menu 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ONX FACTORIES FLORIDA, 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. ______
(FEI 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. 4813 N. INTERSTATE 35, BUILDING 1
(Street Address of Principal Office)
GEORGETOWN, TEXAS 78633

6. 4813 N. INTERSTATE 35, BUILDING 1
(Mailing Address)
GEORGETOWN, TEXAS 78633

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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, Florida 33324
(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.

C T Corporation System
By: Sandra Zwyack , Assistant Secretary
(Registered agent's signature)

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: ONX, INC	☐ Manager	Name: ALEJANDRO CASTRO
☒ Member	Address: 4813 N. INTERSTATE 35	☐ Member	Address: 4813 N. INTERSTATE 35
☐ Authorized Person	BUILDING 1 GEORGETOWN, TX 78633	☒ Authorized Person	BUILDING 1 GEORGETOWN, TX 78633
☐ Other ____________	☐ Other ____________	☐ Other ____________	☐ Other ____________
☐ Manager	Name: BRENDAN FRANICH	Manager	Name: ____________
☐ Member	Address: 4815 N. INTERSTATE 35	☐ Member	Address: ____________
☒ Authorized Person	BUILDING 1 GEORGETOWN, TX 78633	☐ Authorized Person	____________
☐ Other ____________	☐ Other ____________	☐ Other ____________	☐ Other ____________
☐ Manager	Name: ____________	☐ Manager	Name: ____________
☐ Member	Address: ____________	☐ Member	Address: ____________
☐ Authorized Person	____________	☐ Authorized 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.

____
Signature of an authorized person

Brendan Franich
____
Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONX FACTORIES FLORIDA, 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 AUGUST, A.D. 2024.

Jeffrey W. Bullock, Secretary of State

4845267 8300

SR# 20243512742

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204242127

Date: 08-26-24