

P24000021934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400424364164

FILED  
MAR 27 PM 3:39  
STATE  
FL

RECEIVED  
2024 MAR 27 PM 2:01  
STATE  
FL

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/27/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1241701

**ORDER ENTITY**

ONDA CORP

**PLEASE PERFORM THE FOLLOWING SERVICES:**

ONDA CORP (FL)

New corp filing

**NOTES:**

\$70.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", located below the "Sincerely," text.

**FILED**  
2024 MAR 27 PM 3:39  
TALLAHASSEE, FL  
STATE

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Onda Corp

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Pedro Ignacio Maggi

Name (Printed or typed)

Av. Luis Alberto de Herrera 1248, WTC III, Suite 258

Address

Montevideo, Uruguay. Zip Code: 11300

City, State & Zip

Daytime Telephone number

radiv@incserv.com

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

**NOTE:** Please provide the original and one copy of the articles.

FILED

2024 MAR 27 PM 3:39

DEPARTMENT OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Onda Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7950 NW 53rd Street, Suite 337

7950 NW 53rd Street, Suite 337

Miami, Florida 33166

Miami, Florida 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Lawful Activity

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Miguel H. Podolsky, President/Director

Name and Title: \_\_\_\_\_

Address: 86 Lilly Way  
La Selva Beach, California 95076

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**FILED**  
2024 MAR 27 PM 3:39  
CLERK OF DISTRICT COURT  
ALLEN COUNTY, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Incorporating Services, Ltd.

Address: 1540 Glenway Drive  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Pedro Ignacio Maggi

Address: Av. Luis Alberto de Herrera 1248  
WTC III, Suite 258  
Montevideo, Uruguay. Zip Code: 11300

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Melissa A. Moreau  
Required Signature/Registered Agent

3/26/2024  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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]  
Required Signature/Incorporator

03/26/2024  
Date

FILED  
2024 MAR 27 PM 3:40  
3/26/2024