P240000 483 931

(Requestor's Name)				
(reguesto s righte)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filling Officer:				

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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

07/01/2024

D	ate:	07/01/2024	- w: DW
	_	Acc#I20160000072	- 4: () - V
Name:	Ontic MRO	, Inc.	
Document #:			
Order #:	15726816		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			202
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	2021 JUL - 1 33 E
Filing: 🗸	Certified Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 78.75	

Thank you!

COVER LETTER

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

SUBJECT: Onti	c MRO, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	_
Enclosed are an o	original and one (1) copy of the artic	cles of incorporation and	l a check for:	
□ \$70.00 Filing Fe		& Certified Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status	2024 JUL - 1 DM 9: 47
		ADDITIONAL CO	PY REQUIRED	
FROM:	Susan C. Kroll	(N) - 1	E E	9: 47
	20400 Plummer Street	(Printed or typed)		
	Chatsworth, California, 91311	ddress		
City, State & Zip				
	407-575-2598			
Daytime Telephone number				
-	susan.kroll@ontic.com F-mail address: (to be used	for future annual report	notification)	

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

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

	Mailing address, if different is:	
stems, sub-assemblies a	nd components.	
	2024 JUL	
	A MM 9: 47	
Name and Title:		
Address:	President / Director	
	15701 SW29th Street, Suite 100A	
	Miramar, Florida, 33027	
Name and Title:	Susan C. Kroll	
	Secretary	
7100000	15701 SW29th Street, Suite 100A	
	Miramar, Florida, 33027	
Name and Title	Toby Richard Woolrych	
Address:	Chief Financial Officer / Director	
	15701 SW29th Street, Suite 100A	
	Miramar, Florida, 33027	
	Name and Title: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title:	

Name ai	nd Title:	Name and Title:	
Addres	s	Address:	
	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	C T Corporation System		
Address:	1200 South Pine Island Road Plantation,	_	
	F1, 33324		
	INCORPORATOR		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Susan C. Kroll	_	207
Address:	20400 Plummer Street		
	Chatsworth, California, 91311	_ _	
Effective date i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL)	2021 JUL - 1 AM 9 deer the
filing.)	•		· 🛱 🗓
Note: If the dat the document's	e inserted in this block does not meet the applicate effective date on the Department of State's record	ole statutory filing requirements, is.	this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of proces familiar with and accept the appointment as regis	s for the above stated corporation tered agent and agree to act in th	at the place designated in this is capacity
By: Xuda Stauffer, Assistant Sec Required Signature/Registered Agent		Secretary	06/28/2024
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the fals lony as provided for in s.817.155,	se information submitted in a F.S.
/s/ Susan C. I	Kroll		06/19/2024
	ure/Incorporator	Date	