

F240000006289

(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:

W24000140969

Office Use Only



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2024 SEP 30 10:00 AM

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SEP 30 2024

2024 NOV 20 PM 8:12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2024

TAMARA STANKEWICZ
7804 OAKFIELD GRV
BRENTWOOD, TN 37027 US

SUBJECT: ON THE SPOT DISASTER RESPONSE
Ref. Number: W24000140969

We have received your document for ON THE SPOT DISASTER RESPONSE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 524A00022746

*Rec'd
10/20/24*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On The Spot Disaster Response
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Tamara Stankewicz
Name of Person

On The Spot Disaster Response
Firm/Company

7804 Oakfield Grv
Address

Brentwood, TN 37027
City/State and Zip Code

osdr@email.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Stankewicz at (239) 671-2392
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. On The Spot Disaster Response Corp

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 99-3912994
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/09/2024 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7804 Oakfield Grv. Brentwood, TN 37027
(Principal office street address)

7804 Oakfield Grv. Brentwood, TN 37027
(Current mailing address, if different)

8. Disaster Response
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Tamara Stankewicz

Office Address: 12338 Crooked Creek Lane
Ft Myers, Florida 33913
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Tamara Stankewicz
☐ Vice Chairman Address: 7804 Oakfield Grv
☒ Director Brentwood, TN 37027
☐ President 12338 Crooked Creek Lane
☐ Vice President Ft Myers, FL 33913
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Gabe Tischler
☐ Vice Chairman Address: 22656 South HWY 27
☐ Director Marshall, AR 72650
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Robert Stoddard
☐ Vice Chairman Address: 1596 Wood Nymph Ct. NE
☐ Director Grand Rapids, MI 49506
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Michael T. Lynch Jr.
☐ Vice Chairman Address: 384 Tennessee Dr.
☐ Director Brick, NJ 08723-6026
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Austin Coffinan
☐ Vice Chairman Address: 1116 E. Elmhurst Ave.
☐ Director Peoria, IL 61603
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Christie Winters
☐ Vice Chairman Address: 490 Pinecroft Dr.
☐ Director Brick, NJ 08723-6026
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Board Member ☐ Other: _____

NOTE: 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.

13. Gabe Tischler
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gabe Tischler President
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

TAMARA STANKEWICZ
7804 OAKFIELD GRV
BRENTWOOD, TN 37027

July 22, 2024

Request Type: Certificate of Existence/Authorization

Request #: 0593313

Issuance Date: 07/22/2024

Copies Requested: 1

Document Receipt

Receipt #: 009141296

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3878316548

\$20.00

Regarding: On The Spot Disaster Response

Filing Type: Nonprofit Corporation - Domestic

Control #: 1557598

Formation/Qualification Date: 07/09/2024

Date Formed: 07/09/2024

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

On The Spot Disaster Response

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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