

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088 Phone

: (212) 947-7200

Fax Number

(212) 564-6083

FLORIDA/FOREIGN LIMITED LIABILITY CO.

On Sight Solutions of East Coast Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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EXAMINER

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N COMPLIANCE WITH SECTION 6 IMITED LIABILITY COMPANY TO TR	08.503, FILORIDA STATUTES, THI ANSACT BUSINESS IN THE STATE	E FOLLOWING IS SUBMITTED COFFLORIDA:	O TO RE	GISTER A FR	OREIGN
	OnSight Solutions of East Co	oast Florida, LLC		_	
(Name of Foreign Limited Lia	bility Company; must include "Lir	mited Liability Company," "L.)	C.," or	"ILC.")	-
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name unavailable, enter alternate nasent of the managers or managing ompany," "L.L.C.," "I.I.C.")	ame adopted for the purpose of tra members adopting the alternate or	ansacting business in Florida an ame. The alternate name must i	nd attach nclude "I	a copy of the Limited Liabi	writien lity
-	. 7	26-3317621	l	4	•
New York (Jurisdiction under the law of which company is organized)	foreign limited liability	26-3317621 (FÉI number, if app	licable)		-
10/07/2008	5.	perpetual			
(Date of Organization	n) (Decki	uration: Year limited liability c ist or "perpetual")	ompany	will cease to	-
	,	,			_
(See section	it transacted business in Florida, if ns 608,501 & 608,502 F.S. to dete	rprior to registration.) ermine penalty liability)			
	35 Fuller Roa			, · · · · · · · · · · · · · · · · · 	-
Alba	nnv .	NY 1	12205		
	(Street Address of Princ	cipal Office)			_
The name and usual business Nick Wingle	addresses of the managing to 2916 Kumquat Drive		as folic	32141	
John Wingle	4062 Georgetown Squa	re Rotterdam	NY	12303	
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. Nature of business or purpe	pses to be conducted or prom	oted in Florida:			
. Nature of business or purpo Any lawful purpose.	ses to be conducted or prom		nber	_	
. Nature of business or purpo Any lawful purpose. Signature (In accordan	oses to be conducted or prom of a member or an authoriza co with section 608.408(3), F.S., the	ed representative of a mer		TALI	08
Any lawful pure see. Signature (In accordan an affirmatic	of a member or an artiforization under the penalties of perjury that	ed representative of a menexecution of this document constitute facts stated herein are true.)	ites	TALLAF	30 80
. Nature of business or purpe. Any lawful purpose. Signature (In accordan an affirmatic	oses to be conducted or prom of a member or an authoriza co with section 608.408(3), F.S., the	ed representative of a men- execution of this document constitute facts stated herein are true.)	ites	TALLAHAS	- 130 80
Signature (In accordan an affirmati	or a member or an arthorizate with section 608.409(3), F.S., the con under the penalties of perjury that the Mastro, Jr., Esq., Organizer	ed representative of a men- execution of this document constitute facts stated herein are true.)	ites	TALLAHASSE	08 OCT -9

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: OnSight Solutions of East Coast Florida, LLC				
If name unavailable, the alternate name to be				
2. The ways and the Elected street address of	Ptho wasistanad	count and office tree		
2. The name and the Florida street address of	J			
National Corpo	(Name)	i, Ltd., Inc.		
	ast Park Aven			
Florida Street Addre	ss (P.O. Box <u>NC</u>	T acceptable)		
Tallahassee	FL	32301		
	City/State/Zip			

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Melisa Min - Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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From: · •

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State of New York Department of State } ss

I hereby certify, that ONSIGHT SOLUTIONS OF EAST COAST FLORIDA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/07/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of October two thousand and eight.

Daniel Shapiro Special Deputy Secretary of State EW

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