M09000002441

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
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(Do	cument Number) .
Certified Copies	Certificate	s of Status <u>In Garage</u>
Special Instructions to	Filing Officer:	
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Office Use Only



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2009 JUL -8 AMII: I

T. CLINE
JUL - 9 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2009

ANTHONY CIALONE 9675 RANGE LINE ROAD PORT ST. LUCIE, FL 34987

SUBJECT: STS ON-SITE, LLC Ref. Number: W09000030314

We have received your document for STS ON-SITE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 909A00022428

COVER LETTER

SUBJECT:	575	ON-STITE				
SUBJECT:		ON-SITE Name	of Limited Liability Company			
			ty Company for Authorization to Transact Busines we referenced foreign limited liability company to t			
Please return all c	orrespondence cor	ncerning this matte	or to the following:			
_		·	Anthony M. Cialme Name of Person			
			Name of Person			
		57	S ON-SITE, LLC			
-			Firm/Company			
_		96	75 RANGE LINE ROAD Address			
			Address	SEC	2009	
		PORT S	ST WCIE, FLORIDA 34987 City/State and Zip Code	SECRETARY OF STATE TALLAHASSEE, FLORIDA	2009 JUL -8	AND THE REAL PROPERTY.
-		٠ .	City/State and Zip Code	SSE	8	WI STATE
		ant	hony came go green. com	က် က	AMII: 13	1,11
_	E	-mail address: (to l	be used for future annual report notification)	- IOR		San San
For further inform	nation concerning	this matter, please	call:		$\overline{\omega}$	
	Anthony	H. Cialne	at (239) 530 -8482 Area Code & Daytime Telephone Number			
	Name of	Person	Area Code & Daytime Telephone Number			
Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314	I I (STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a c	heck for the fol	lowing amount	·			
\$125.0	00 Filing Fee	\$130.00 Filing F		Filing Fee, Co		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	APLIANCE WITH DLIABILITY COM			-			BMITTED T	O REGIS	TER A F	'OREIGN
1	Name of Foreign	Limited Liability	y Company; i	nust include	"Limited Lia	ability Compa	ny," "L.L.C	.," or "LL	C.")	_
consent	e unavailable, ente of the managers o y," "L.L.C," "LL	r managing men								
2.	DELE diction under the	WARE		3.	-	27- 6	0249696	8		
(Juris comp	diction under the any is organized)	law of which for	reign limited	liability		(FEI numbe	r, if applica	ble)		_
4.	MAY 2 (Date of	6,2009		5.		Perpe Year limited l	rhial			
	(Date of	Organization)			(Duration: exist or "pe	Year limited lerpetual")	iability com	pany will	cease to	_
6		(Date first tra		nfa				,man g		
		(Date first tra (See sections 6	nsacted busin 08.501 & 60	ness in Floria 3.502 F.S. to	da, if prior to determine p	registration.) enalty liability	·)	SECI	2009	
7		9675	RANGE L	INE RO	AD			28 22	E	_
		PORT S	574 UCA	E , £L	34987			SSE	8	Date and
	· · · · · · · · · · · · · · · · · · ·		(Street	Address of	Principal Off	fice)		7	Ĭ	- []
8. If li	mited liability	company is a	manager-n	nanaged co	ompany, ch	eck here		FIGRIDA	# :: ::	T _{max} , J
9. The	name and usu	al business ad	ldresses of	the manag	ing membe	ers or manag	gers are as	follows	:	
	Antho	ny M Cial	lone							_
	John	ny M Cial Wilson					<u></u>			_
	piar	5 113510								_
										_
the juriso	ched is an original diction under the la on of the certificate	nw of which it is o	organized. (A	photocopy is	s not acceptab					cords in
11 Ns	ature of busines	ss or nurnoses	to be cond	lucted or n	romoted in	Florida:	Enviro	ment	al	
	Process Inc	• •		-	nomoted m	- 1 1011 da			-	_
				mmi	1. /			· · · · · · · · · · · · · · · · · · ·		_ '
		<u> </u>		 				_		
		Signature of (In accordance w	vith section 60	3.408(3), F.S.	, the execution	of this docume	nt constitutes			
		an affirmation u			that the facts:		e true.)			
					ame of sign			_		

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:		
STS ON-SITE, WC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are: ANTHONY M. CIALONE	2009 TAL	
9675 Range Line Keed	JUL -8 CRETARY LAHASSEI	
Florida Street Address (P.O. Box NOT ACCEPTABLE) Pirt St. Wie FL City/State/Zip	AMII: 13	41

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.

My Mhh.
(Signature)

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

Î : 54, . . .

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STS ON-SITE, 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 FIFTEENTH DAY OF JUNE, A.D. 2009.

4691184 8300

AUTHENTY CATION: 7362686

DATE: 06-15-09

090618075
You may verify this certificate online at corp.delaware.gov/authver.shtml