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TALLAHASSEE, FLORIDA

W11-2579
J. BRYAN
JAN 24 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL J. GALLINARO HOLDINGS, LLC.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

MICHAEL J. GALLINARO

Name of Person

MICHAEL J. GALLINARO HOLDINGS, LLC.

Firm/Company

401 MALLARD LANE

Address

WESTON, FLORIDA 33327

City/State and Zip Code

MJGALLINARO@MSN.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MICHAEL J. GALLINARO

Name of Person

at (954) 260-7780

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2011

MICHAEL J. GALLINARO
MICHAEL J. GALLINARO HOLDINGS, LLC
401 MALLARD LANE
WESTON, FL 33327

SUBJECT: MICHAEL J. GALLINARO HOLDINGS, LLC
Ref. Number: W11000002579

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MICHAEL J. GALLINARO HOLDINGS, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 511A00001290

MICHAEL J. GALLINARO
401 MALLARD LANE
WESTON, FLORIDA 33327
PHONE: (954) 349-1701 FAX: (954) 349-1702
EMAIL: MJGALLINARO@MSN.COM

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11 JAN 21 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JANUARY 21, 2011

MR. JOEY BRYAN
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING REGISTRATIONS SECTION
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FLORIDA 32314

REFERENCE: YOUR LETTER NUMBER 511A00001290

DEAR MR. BRYAN,

IN RESPONSE TO YOUR ABOVE MENTION LETTER, PLEASE FIND THE CORRECT
CERTIFICATE OF GOOD STANDING FOR THE NEW COMPANY I AM LOOKING TO REGISTER
TO DO BUSINESS IN THE STATE OF FLORIDA.

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE ANYTHING FURTHER TO PROCESS THIS
APPLICATION, PLEASE DO NOT HESITATE TO CONTACT ME AT (954) 260-7780. ONCE AGAIN
I THANK YOU FOR YOUR TIME AND ASSISTANCE IN THIS MATTER AND I APOLOGIZE FOR
THE ERROR ON MY PART.

RESPECTFULLY SUBMITTED,


MICHAEL J. GALLINARO

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. MICHAEL J. GALLINARO HOLDINGS, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. ALASKA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-4110202

(FEI number, if applicable)

4. NOVEMBER 30, 2010

(Date of Organization)

5. PERPETUAL

(Duration: Year limited liability company will cease to exist or "perpetual")

6. JANUARY 15, 2011

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. MICHAEL J. GALLINARO

401 MALLARD LANE WESTON, FLORIDA 33327

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

MICHAEL J. GALLINARO

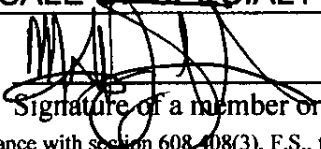
401 MALLARD LANE

WESTON, FLORIDA 33327

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

DESIGN AND SALE OF SPECIALTY VEHICLES AND EQUIPMENT



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

MICHAEL J. GALLINARO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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:

MICHAEL J. GALLINARO HOLDINGS, LLC.

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:

MICHAEL J. GALLINARO

(Name)

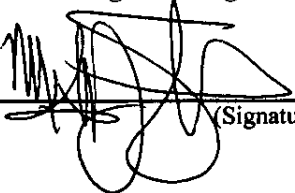
401 MALLARD LANE

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

WESTON, FLORIDA 33327 FL

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.



(Signature)

\$ 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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TALLAHASSEE, FLORIDA

Alaska Entity # 131808

State of Alaska
Department of Commerce, Community, and Economic
Development

CERTIFICATE
OF
GOOD STANDING

11 JAN 21 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

MICHAEL J. GALLINARO HOLDINGS, LLC

on the 30th day of November, 2010 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 20th day of January, 2011.

A handwritten signature in cursive script, appearing to read "Susan Bell".

Susan Bell
Commissioner

Certification Number: 478936-1

Verify this certificate online at <https://myalaska.state.ak.us/business/soskb/verify.asp>