

M2100001 4064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

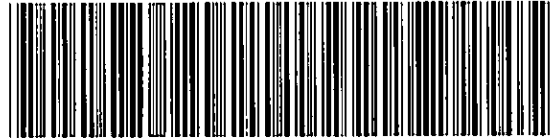
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHASSEE, FLA.

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21 OCT 25 AM 9:59
CLERK OF
ALLAHASSEE, FLA.

12/15/21
71

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On Site Alignment ~~Florida~~ 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:

Hetti Voisin
Name of Person

On Site Alignment LLC
Firm/Company

210 Venture Blvd
Address

Houma, La 70360
City/State and Zip Code

Hetti.voisin@onsitealignment.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hetti Voisin at (985) 360-8861
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

☐ \$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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. On Site Alignment ~~Florida~~ LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

On site Alignment FLORIDA LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Terrebonne (Louisiana)
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-3236038
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 210 Venture Blvd
(Street Address of Principal Office)

6. 210 Venture Blvd
(Mailing Address)

Houma, La 70360

Houma, La 70360

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324
(City) (Zip code)

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
SOUTHERN DISTRICT

Registered agent's acceptance:

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 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.

Yvette Vowin
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Ketti Voisin</u>	☐ Manager	Name: _____
☐ Member	Address: <u>503 Back Project Rd</u>	☐ Member	Address: _____
☐ Authorized	<u>Schriever, La 70395</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

☒ Manager	Name: <u>Lemard OKKerse</u>	☐ Manager	Name: _____
☐ Member	Address: <u>120 Rue St Courtney</u>	☐ Member	Address: _____
☐ Authorized	<u>Houma, La 70360</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ketti Voisin
Signature of an authorized person

Ketti Voisin
Typed or printed name of signer

ON SITE ALIGNMENT

On Site Alignment LLC
210 Venture Blvd
70360 | Houma | LA
USA

E: info@onsitealignment.com

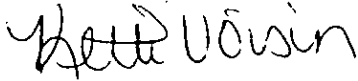
www.onsitealignment.com

On Site Alignment Florida LLC has filed a dissolution online ,
but we are asking that you please release the name so that we can
file the correct way as a foreign LLC company in the state of
Florida.

Document # L21000369146

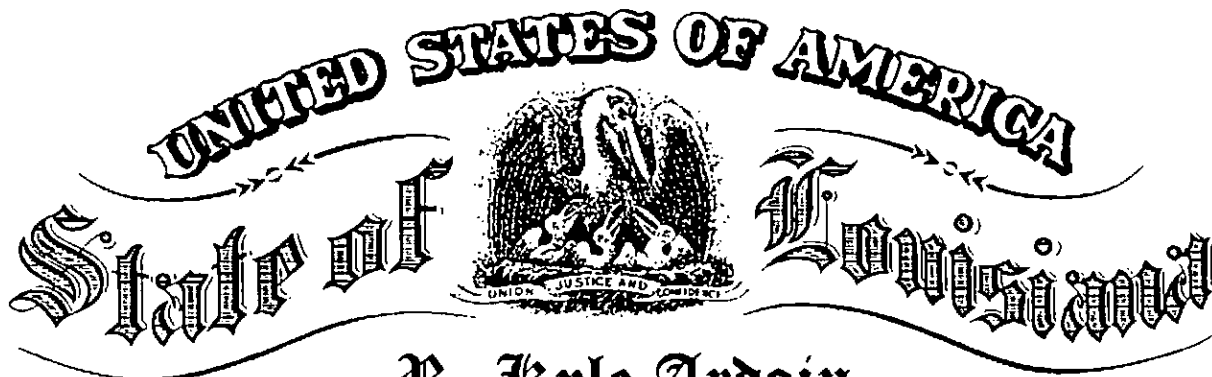
Confirmation /Tracking # 400371994824

Thank You,



Ketti Voisin
Office manager





R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

ON SITE ALIGNMENT, L.L.C.

A limited liability company domiciled in HOUMA, LOUISIANA,

Filed charter and qualified to do business in this State on July 15, 2013,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 17, 2021

Secretary of State

Web 41230824K



Certificate ID: 11443573#NJH62

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov