M220000/2475

(Requestor's Name)
(Nequestor's Name)
(Address)
(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:
·





600391331316

08/05/22--01024--063 **180.08



T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJEC	ON TARGET FTS, LLC					
50100150		Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.				
Please re	eturn all correspondence concerning this matter	to the following:				
	RAYMOND SHASHATY					
		Name of Person				
	ON TARGET FTS. LLC					
		Firm/Company				
	8 FAIRHILL LANE					
		Address				
	PALM COAST, FL 32137					
		City/State and Zip Code				
	ray.shashaty@ontarget-fts.com					
	E-mail address: (to b	be used for future annual report notification)				
For furth	ner information concerning this matter, please ca	all:				
	RAYMOND SHASHATY	804 640-8859 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address:				
		Registration Section				
		Division of Corporations				
		The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE: \$125.00 Filing Fee \$130.00 Filing Fee Certificate	ee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate				

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 TARGET FTS. L						
(Name of Foreign	Limited Liability Company: must include "Limit	ed Liability Compa	my," "L.L.C.," or "LLC.")			
If name unavailable, enter afternate i	name adopted for the purpose of transacting business in	Florida. The alternate	name must include "Limited Liah	thty Company," "L.L.C," or "LLC."		
VIRGNIA		46 - 3.	2597274			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if applicable)			
8/01/2022						
l	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to determ	o registration.) nine penalty liability)				
8 FAIRHILL LANE			RHILL LANE			
Street Address of Principal Office)	······································	6	Mailing Address)			
PALM COAST, FL 32137		PALM COAST, FL 32137				
			_ · · · · · ·			
	Am					
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accepta	ible)	202 19		
Name:	RAYMOND SHASHATY			2022 AUG -		
Office Address:	8 FAIRHILL LANE	 .		2 [
	PALM COAST		32137 , Florida	D PH I2: 2		
	(City)		(Zip code)	— F. 6		

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.

(Registered igent'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]:

□Other □Other □Manager Name: □Member Address: □Authorized Person	Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Member Address: 8 FAIRHILL LANE □ Authorized PALM COAST, FL 32137 □ Authorized PALM COAST, FL 32137 □ Person □ Person □ Other □ Other □ Other □ Other □ Manager Name: □ Manager Name: □ Manager □ Authorized □ Authorized □ Authorized □ Other □ Other □ Other □ Other □ Other □ Other □ Other □ Other	□Manager	Name: RAYMOND SHASHATY	□Manager	Name:
PALM COAST, FL 32137 Person Person Other Other Other Manager Name: Member Address: Authorized Palm COAST, FL 32137 Person Other Other Other Other Manager Name: Manager Palm COAST, FL 32137 Person Other	■Member	V CAIDIII I AME	□Member	& CAIDHILL LANG
□Other □Other □Other □Other □Manager Name: □Manager Name: □Member Address: □Member Address: □Authorized □Authorized Person Person □Other □Other □Other □Other □Other □Other	□Authorized	PALM COAST, FL 32137	□Authorized	
□Other □Other □Other □Other □Manager Name: □Member Address: □Member Address: □Authorized □Authorized □Other □Other	Person		Person	
Member Address:	□Other	Other	BOOKKEE BOOKKEE	EPER Other
Authorized	□Manager	Name:	□Manager	Name:
Person	□Member	Address:	□Member	Address:
□Other □Other □Other □Other □Manager Name: □Manager Name:	□Authorized		□Authorized	
□Manager Name: □Manager Name:	Person		Person	
	□Other	Other	□Other	□Other
TiMent and Address Address	□Manager	Name:	□Manager	Name:
Untemper Address: Umember Address:	□Member	Address:	□Member	Address:
□Authorized □Authorized □Authorized	□Authorized		□Authorized	
Person Person	Person		Person	
	□Other	Other	□Other	□Other

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Raymand NS hard a Signature of an subscrized person

Raymand N S hashaty

I yped or printed name of sinbee

Commonbrealthof Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That ON TARGET FTS, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on April 16, 2013; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 1, 2022

Bernard J. Logan, Clerk of the Commission

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: S4507416 Filling Number: 2208014797551 Filling Date/Time: 08/01/2022 10:01 AM Effective Date/Time: 08/01/2022 10:01 AM

13 12 14 2 3

Certificate of Fact of Existence for VA and Foreign L	LCF .	Company of the Company	Property of

Entity/information

Entity Name: ON T

ON TARGET FTS, LLC

Entity Type: Limited Liability Company