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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 APR 17 PM 4:07

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A: M Damage Solutions, 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:

Duljan Belegu  
Name of Person

A: M Damage Solutions, LLC  
Firm/Company

4702 36<sup>th</sup> Ave W  
Address

Bradenton, FL 34209  
City/State and Zip Code

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

For further information concerning this matter, please call:

Duljan Belegu at ( 848 ) 200-9008  
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. A: M Damage Solutions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

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

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

3. 92-3413659  
(FEI number, if applicable)

4. have not yet transacted business in Florida  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Duljan Belegu  
(Street Address of Principal Office)

6. Duljan Belegu  
(Mailing Address)

4702 36th Ave W

4702 36th Ave W

Bradenton, FL 34209

Bradenton, FL 34209

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

Name: Rebecca Searcy

Office Address: 5605 Manna Loa Blvd, Unit 210  
Sarasota, Florida 34240  
(City) (Zip code)

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.

Rebecca Searcy  
(Registered agent's signature)

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
24 APR 17 PM 4:07

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]:

Title or Capacity:

Name and Address:

☒ Manager

Name: Duljan Belegu

☐ Member

Address: 4702 36<sup>th</sup> Ave W

☐ Authorized

Bradenton, FL

Person

34209

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

\_\_\_\_\_

☐ 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.

  
Signature of an authorized person

Duljan Belegu

Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**A&M DAMAGE SOLUTIONS LLC**  
0450953242

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 10, 2023.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

DULJAN BELEGU  
200 CORPORATE CIR  
TOMS RIVER, NJ 08755



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
9th day of April, 2024*

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number: 6152504841*

*Verify this certificate online at*

*[http://www.t.state.nj.us/TSTR\\_StandingCert/JSP/Verify\\_Cert.jsp](http://www.t.state.nj.us/TSTR_StandingCert/JSP/Verify_Cert.jsp)*