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(Business Entity Name)

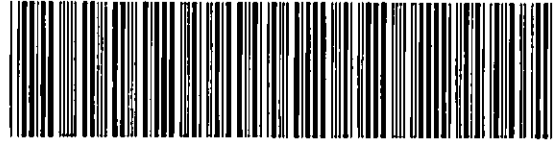
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APPROVED
AND
FILED
2024 JUL -3 AM 11:28
TALLAHASSEE, FL 32301
STATE OF FLORIDA
DEPARTMENT OF REVENUE

JUL 08 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2024

ROBERT R. VAN HOUTEN, CPA
83 WOOSTER HEIGHTS RD.
DANBURY, CT 06810

SUBJECT: STERZINGERS WELDING, LLC
Ref. Number: W24000093638

We have received your document for STERZINGERS WELDING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 724A00013504

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STERZINGER'S WELDING, 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:

ROBERT R. VAN HOUTEN, CPA

Name of Person

VAN HOUTEN & COMPANY, LLC

Firm/Company

83 WOOSTER HEIGHTS ROAD

Address

DANBURY, CT 06810

City/State and Zip Code

rvanhouten@vhccpa.com (also suesques@sbcglobal.net)

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

For further information concerning this matter, please call:

ROBERT R. VAN HOUTEN, CPA

203

792-7800

at (_____) _____

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. STERZINGER'S WELDING, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CONNECTICUT 3. 47-1631924
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JULY 1, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6840 ALBATROSS LANE 6. SAME
(Street Address of Principal Office) (Mailing Address)

HUDSON, FL 34667

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

Name: SUSAN STERZINGER

Office Address: 6840 ALBATROSS Lane

HUDSON, Florida 34667
(City) (Zip code)

APPROVED
AND
FILED
2024 JUL -3 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Registered agent's signature)

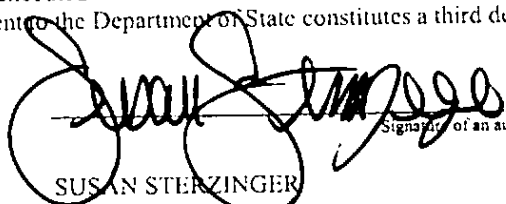
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	RICHARD STERZINGER		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	6840 ALBATROSS LANE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		HUDSON, FL 34667		<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	SUSAN STERZINGER		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	6840 ALBATROSS LANE		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		HUDSON, FL 34667		<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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
SUSAN STERZINGER

Typed or printed name of signer

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Wednesday, July 03, 2024 9:58 AM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	STERZINGER'S WELDING, LLC
Business ALEI	US-CT.BER:1151992
Formation Date	08/13/2014



Secretary of the State