

MZ4000009550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

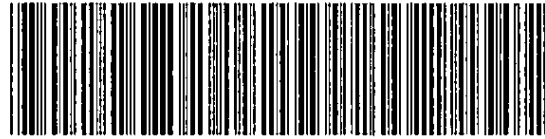
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-106540

Office Use Only



400433208174

APPROVED  
AND  
FILED

2024 JUL 22 PM 5:21

OFFICE OF THE  
CLERK OF THE  
COURT



RECEIVED

2024 JUL 22 PM 1:49

OFFICE OF THE  
CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA

JUL 25 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2024

SUNSHINE

**CORRECTED**  
Please Allow For  
Same File Date

SUBJECT: ULTRACLEAN AVIATION SOLUTIONS, LLC  
Ref. Number: W24000106540

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

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

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: 124A00016173

RECEIVED  
2024 JUL 25 AM 10:32  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 7/22/2024

**\*\*WALK IN\*\***

ENTITY NAME ULTRACLEAN AVIATION SOLUTIONS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125

ACCOUNT #: 120160000072

*S. R. J. H.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. ULTRACLEAN AVIATION SOLUTIONS, 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. NY 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 15 BRITISH COLONY RD 6. 15 BRITISH COLONY RD  
(Street Address of Principal Office) (Mailing Address)

NORTHPORT, NY 11768

NORTHPORT, NY 11768

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

Name: United Corporate Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312  
(City) (Zip code)

APPROVED  
AND  
FILED  
2024 JUL 22 PM 5:21  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

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.

Michael A. Boy President

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 checked="" type="checkbox"/> Manager	Name: Michael H. Levin	<input checked="" type="checkbox"/> Manager	Name: Christopher J. Sparacino
<input checked="" type="checkbox"/> Member	Address: 15 BRITISH COLONY RD	<input checked="" type="checkbox"/> Member	Address: 15 BRITISH COLONY RD
<input type="checkbox"/> Authorized	NORTHPORT, NY 11768	<input checked="" type="checkbox"/> Authorized	NORTHPORT, NY 11768
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Michael Giammarino	<input type="checkbox"/> Manager	Name: Joseph Laletti
<input checked="" type="checkbox"/> Member	Address: 15 BRITISH COLONY RD	<input checked="" type="checkbox"/> Member	Address: 15 BRITISH COLONY RD
<input type="checkbox"/> Authorized	NORTHPORT, NY 11768	<input type="checkbox"/> Authorized	NORTHPORT, NY 11768
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.

/s/ Christopher J. Sparacino  
 \_\_\_\_\_  
 Signature of an authorized person

Christopher J. Sparacino  
 \_\_\_\_\_  
 Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	ULTRACLEAN AVIATION SOLUTIONS, LLC
DOS ID Number:	7292682
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	03/29/2024
Statement Status:	CURRENT
Statement Due Date:	03/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on July 22, 2024 at 11:06 A.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State