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(Business Entity Name)

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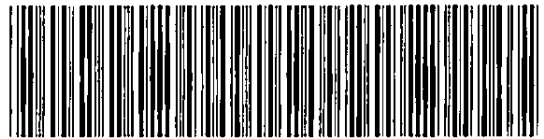
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: On-Site Specialty Cleaning and Restoration, 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:

Mark A. Smith

Name of Person

Carey O'Malley Whitaker Mueller Roberts & Smith P.A.

Firm/Company

712 S. Oregon Avenue

Address

Tampa, FL 33606

City/State and Zip Code

msmith@careyomalley.com

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

For further information concerning this matter, please call:

Mark A. Smith

Name of Contact Person

at ( 813 )

Area Code

250-0577

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 Specialty Cleaning and Restoration, 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. Michigan 3. 20-5746500  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1919 Concept Dr. 6. 1919 Concept Dr.  
(Street Address of Principal Office) (Mailing Address)

Warren, Michigan 33324

Warren, Michigan 33324

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

Name: C.T. Corporation

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

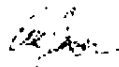
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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.



Eric Jensen, Assistant Secretary

(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: <u>Vince Mastronardi</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1919 Concept Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Warren, MI 33324</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>DON BLUHM</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1919 CONCEPT DR</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>WARREN, MI 33324</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other <u>PRESIDENT</u>	<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 _____

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

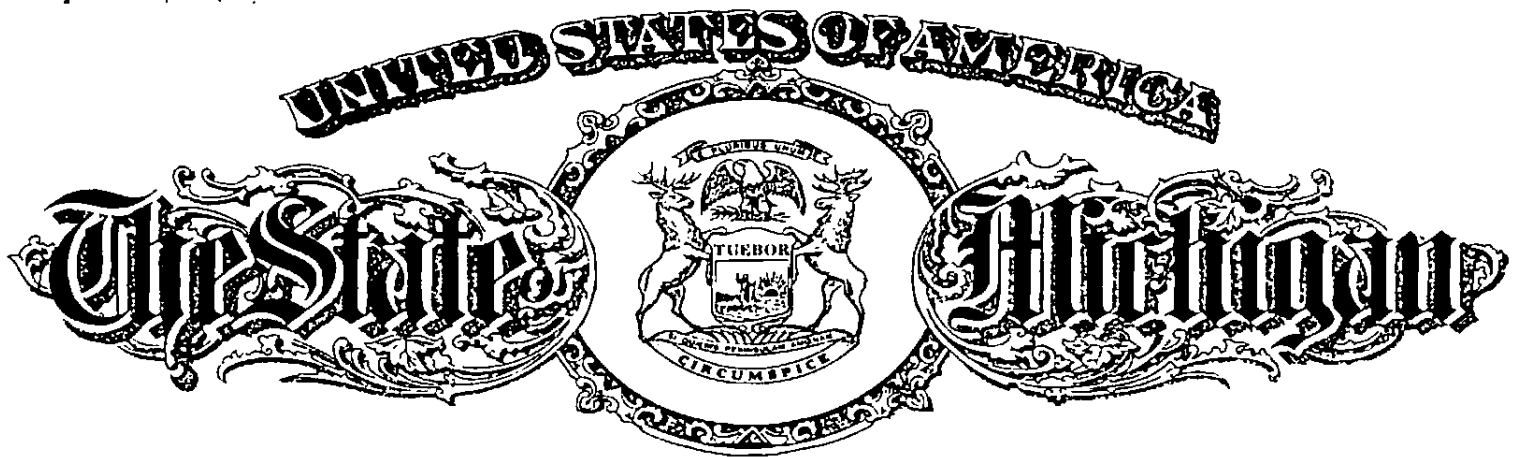
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Vince Mastronardi  
Signature of an authorized person

Vince Mastronardi

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ON-SITE SPECIALTY CLEANING AND RESTORATION, LLC

was validly authorized on February 17, 2006, as a Michigan  
DOMESTIC LIMITED LIABILITY COMPANY  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 7th day of November, 2024.

*Linda Clegg*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 24110121503

**AFFIDAVIT OF MARK A. SMITH**

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2024 DEC 13 PM 4:40  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

BEFORE ME, this day personally appeared Mark A. Smith, who upon oath, deposes and says:

1. My name is Mark A. Smith. I am over 21 years of age and I have personal knowledge of the statements below.

2. I am the attorney who is assisting On-Site Specialty Cleaning and Restoration, LLC. ("On-Site"). I make this affidavit based on my personal knowledge.

3. On-Site is a Michigan limited liability company.

4. On-Site did not intend to file as a limited liability company with the State of Florida.

5. On-Site intended to register as a Michigan limited liability company doing business in the State of Florida.

6. On-Site is dissolving its Electronic Articles of Organization for Florida Limited Liability Company and is submitting its Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

7. On behalf of On-Site, I have the authorization to release and dissolve the Florida limited liability company name On-Site Specialty Cleaning and Restoration, LLC so the name can be used by the foreign limited liability company.

Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true.

FURTHER AFFIANT SAYETH NOT.



STATE OF Florida  
COUNTY OF Hillsborough

Sworn to and subscribed before me this 22nd day of November, 2024 by Mark A. Smith who is personally known to me or who has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC  
STATE OF FLORIDA

  
Signature of Notary Public

[SEAL]

Barbara L. Sickimich  
Typed Printed Name of Notary Public  
My Commission Expires: 3-31-27



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TALLAHASSEE, FLORIDA