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Registration Section

TO:

COVER LETTER

F UBJECT: _	Tocksy LLC				
Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Ce referenced foreign limited liability company to transact business			
lease return a	all correspondence concerning this matter t	o the following:			
	Caroline Ryan				
		Name of Person			
	Flocksy LLC				
		Firm/Company			
	34 Rogers Hill Rd		·		
	Address				
	Waterford CT 06385		1		
	City/State and Zip Code				
	caroline@flocksy.com		:		
	E-mail address: (to be	used for future annual report notification)	1:0%		
or further inf	ormation concerning this matter, please ca	n:	[×]		
Carol	ine Ryan	315 825-1300 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	ing Address:	Street Address:			
_	stration Section	Registration Section			
	sion of Corporations Box 6327	Division of Corporations			
		The Centre of Tallahassee			
1 4116	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	osed is a check for the following amount:				
	e make check payable to: FLORIDA DEF 25.00 Filing Fee		-:e		
اد ب	Certificate of	· · · · · · · · · · · · · · · · · · ·			



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:

(Manie of Loicign	Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "LLC.")	
, ,	• • •		
same unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited Liability Co	mpany," "L.L.C," or "LLC.")
T		81-3496404	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if appl	icable)
n/a			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	
20 Walnut St Pawcatu		,,, ,, ,, ,, ,, ,, ,,, ,	, , ,
		6(Mailing Address)	· <u> </u>
et Address of Principal Office)		(Mailing Address)	•
			V,
			·
			
Name and street addre	ss of Florida registered agent: (P.O. Box	c <u>NQT</u> acceptable)	
Name and street addre		(<u>NOT</u> acceptable)	
Name and street addre Name:	ss of Florida registered agent: (P.O. Bo) Charles Ryan	NOT acceptable)	
	Charles Ryan	NOT acceptable)	T: \ \ 2
		NOT acceptable)	
Name:	Charles Ryan	33602	
Name:	Charles Ryan 1251 Ray Charles Blvd. # 2306,		
Name: Office Address:	Charles Ryan 1251 Ray Charles Blvd. # 2306, Tampa (City)	33602 , Florida	
Name: Office Address: gistered agent's accep	Charles Ryan 1251 Ray Charles Blvd. # 2306, Tampa (City)	336()2 , Florida(Zip code)	
Name: Office Address: gistered agent's acceptions been named as re	Charles Ryan 1251 Ray Charles Blvd. # 2306, Tampa (City) otance: egistered agent and to accept service of	Florida 336()2 (Zip code) process for the above stated limited liability	
Name: Office Address: gistered agent's accepting been named as relignated in this applications of the provise comply with the provise	Charles Ryan 1251 Ray Charles Blvd. # 2306, Tampa (City) otance: egistered agent and to accept service of ation, I hereby accept the appointment ations of all statutes relative to the proper	336()2 , Florida(Zip code)	capacity. I further a
Name: Office Address: gistered agent's acceptiving been named as resignated in this applications of the provise comply with the provise	Charles Ryan 1251 Ray Charles Blvd. # 2306, Tampa (City) otance: egistered agent and to accept service of ation, I hereby accept the appointment of	Florida 336()2 (Zip code) process for the above stated limited liability is registered agent and agree to act in this is	capacity. I further a
Name: Office Address: gistered agent's acception been named as resignated in this application of the provise comply with the provise	Charles Ryan 1251 Ray Charles Blvd. # 2306, Tampa (City) otance: egistered agent and to accept service of ation, I hereby accept the appointment ations of all statutes relative to the proper	Florida 336(12 (Zip code) process for the above stated limited liability as registered agent and agree to act in this or and complete performance of my duties, a	capacity. I further a

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:	Title or Capacity:	Name and Address:
■Manager	Name: Caroline Ryan	■Manager	Name: George Ryan
□Member	Address: 34 Rogers Hill Rd	□Member	Address: 20 Walnut St
□Authorized	Waterford CT 06385	□Authorized	Pawcatuck CT 06379
Person		Person	
Other	Other	□Other	Other
■ Manager	Name: Sam Ryan	□Manager	Name:
□Member	Address: 345 Harrison Ave. Unit 377	□Member	Address:
□Authorized	Boston MA 12118	□Authorized	
Person		Person	1
□Other		□Other	Other 7
			F
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.

Carolin	e Ryan		
	1	Signature of an authorized person	
Caroline Ryan			
	•	Typed or printed name of signee	

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: December 07, 2022

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 //FLOCKSY LLC

Business ALEI // USiCT/BER:1212738

Formation Date / _ 07/26/2016

Secretary of the State

Business ALEI: US-CT.BER:1212738

Note: To verify this certificate, visit Business.ct.gov

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Certificate Number: C-00070642