(Re	equestor's Name)						
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PICK-UP	MAIT	MAIL					
(Business Entity Name)							
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Certified Copies	Certificates	s of Status					
Special Instructions to	Filing Officer:						

Office Use Only



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### **COVER LETTER**

TO:		Filing Sec	tion porations			•	
CLID II			ct Services, In	C.			
SUBJI	ECI:		Name	of corpora	ntion - must inclu	ıde suffix	
Dear Si	ir or M	adam:					
"Certifi	icate of	Existence	e," or "Certifica	te of Good		heck are sul	act Business in Florida," bmitted to register the
Please i Danie			oondence concer	ning this m	atter to the follo	wing:	
				Name	e of Person		_
Conne	ect Se	ervices,	Inc.				
				Firm/0	Company		
4766	N Pov	verline f	₹d				
Deerfi	ield Be	each, Fl	_ 33073	A	ddress		
daniel	l.conn	ect@icl	oud.com	City/Sta	ite and Zip code		
			E-mail addre	ss: (to be us	sed for future and	nual report	notification)
For furt	ther inf	ormation	concerning this	matter, plea	ase call:		
Danie	l Mart	ins		857	236-94	42	
	Name	of Perso	n	_ at (A	rea Code & Dayı	ime Teleph	none Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32301					Та	llahassee, i	FL 32314
Enclose	ed is a c	check for	the following an	nount:			
<b>3</b> \$70.	.00 Fili	ng Fee	S78.75 Fili Certificate		□ \$78.75 Fill Certified C		\$87.50 Filing Fee, Certificate of Status &

Certified Copy

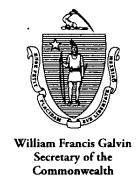
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPETANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Connect Services, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 90-0438749 Massachusetts 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) 01/26/2009 perpetual 4. (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") n/a (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 447 Essex St Suite 105 - Lawrence, MA 01840 (Principal office address) 4766 N Powerline Rd - Deerfied Beach, FL 33073 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Daniel Martins** Name: 4766 N Powerline Rd Office Address: Deerfield Beach 33073 . Florida (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS **Daniel Martins** Chairman: 4766 N Powerline Rd - Deerfied Beach, FL 33073 Address: Aline Martins Vice Chairman: 4766 N Powerline Rd - Deerfied Beach, FL 33073 Address: \_\_\_\_ Address: Director: **B. OFFICERS Daniel Martins** President: 4766 N Powerline Rd - Deerfied Beach, FL 33073 Aline Martins Vice President: 4766 N Powerline Rd - Deerfied Beach, FL 33073 Aline Martins Secretary: 4766 N Powerline Rd - Deerfied Beach, FL 33073 Address: Aline Martins Treasurer: 4766 N Powerline Rd - Deerfied Beach, FL 33073 Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. Daniel Martins / President (Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

### March 12, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

### CONNECT SERVICES INC.

is a domestic corporation organized on **January 26**, **2009**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Mein Travin Gallein

Processed By: AOC