

F15000001894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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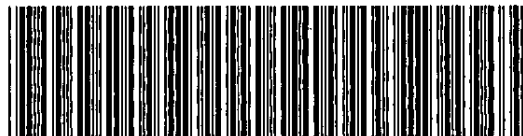
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PASSKEY PREMIUM PRODUCTS CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Orsini

Name of Person

Executive Auto Group

Firm/Company

1180 North Colony Road

Address

Wallingford CT 06492

City/State and Zip code

Lzampano@executiveag.com

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

For further information concerning this matter, please call:

Lynne Zampano at 203 678-6308

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **PASS KEY PREMIUM PRODUCTS CORPORATION**

(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)

2. **CONNECTICUT**

(State or country under the law of which it is incorporated)

3. **27-2260095**

(FEI number, if applicable)

4. **FEBRUARY 26, 2010**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **3/30/15**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **20 CHURCH ST, SUITE 760, HARTFORD CT 06103**

(Principal office address)

**20 CHURCH ST, SUITE 760, HARTFORD CT 06103**

(Current mailing address)

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

Name: **Michael E. Leach, Esq.**

Office Address: **2400 E Commercial Blvd, Suite 706**

**Ft Lauderdale**

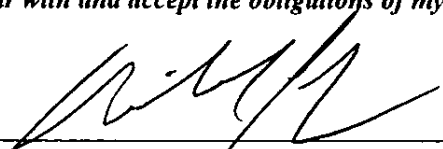
(City)

, Florida **33308**

(Zip code)

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.*



(Registered agent's signature)

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.

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

**A. DIRECTORS**

Chairman: Brad Deveran Director

Address: 15 Seven Hills Xing  
East Hampton, CT

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: John Orsini Director

Address: 1180 North Colony Road  
Wallingford CT 06492

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Brad Deveran

Address: 15 Seven Hills Xing  
East Hampton, CT

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: John Orsini

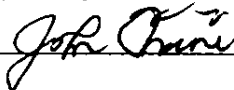
Address: 1180 North Colony Road Wallingford CT 06492

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_



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.

13. John Orsini, Secretary

(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

PASS KEY PREMIUM PRODUCTS CORPORATION

a domestic STOCK corporation, was filed in this office on February 26, 2010, a certificate of  
dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the  
records of this office such corporation is in existence.



Secretary of the State

15 APR 28 PM 4:20  
OFFICE OF THE SECRETARY OF THE STATE  
HARTFORD, CT 06106

Date Issued: April 23, 2015