FIGOODO 4556

To: Qualific Divisio	cation/Tax Lien Section n of Corporations		
SUBJECT:	Polaris Advisory Serv	ices, Inc.	
		ration - must include suffix)	
Dear Sir or Mad	lam:		
The enclosed "A" "Certificate of I to transact busin	Application by Foreign Corporation Existence", and check are submittedness in Florida.	for Authorization to Transact to register the above referenc	Business in Florida", ed foreign corporation
Please return all	correspondence concerning this m	atter to the following:	
	LaShell Smith	Ū	
	(Nam	ne of Person)	
	Polaris Advi	sory Services, Inc.	
	(Firm	/Company)	· ····
	215 Church Street	,	
	(A	Address)	
	New Haven Connection	cut 06510-1807	
	· · · · · · · · · · · · · · · · · · ·	/State/Zip)	, der
Should you need LaShell	I to call someone concerning this m Smith at (2	atter, please call: 03 \ 865-0646	00028874159 -05/26/9901083004 *****87.50 *****87.50
(Name o		ea Code & Daytime Telephone	Number)
STREET ADDR Qualification/Ta: Division of Corp 409 E. Gaines St. Tallahassee, FL Enclosed is a che	x Lien Section orations . 32399 ck for the following amount:	MAILING ADDRESS: Qualification/Tax Lien Son Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	\$87.50 Filing Fee, Certificate of Status & Certified Copy
	. 1	100 -19	4



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 9, 1999

LASHELL SMITH POLARIS ADVISORY SERVICES, INC. 215 CHURCH STREET NEW HAVEN, CT 06510-1807

SUBJECT: POLARIS ADVISORY SERVICES, INC.

Ref. Number: W99000012539

We have received your document for POLARIS ADVISORY SERVICES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 599A00035672



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 28, 1999

LASHELL SMITH POLARIS ADVISORY SERVICES, INC. 215 CHURCH STREET NEW HAVEN, CT 06510-1807

SUBJECT: POLARIS ADVISORY SERVICES, INC.

Ref. Number: W99000012539

99 SEP -2 MIN: 25

We have received your document for POLARIS ADVISORY SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's date of incorporation/organization must be listed in the document.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 599A00029478

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.	Pola	ris Advisory S	Service, Inc.	·				
	words or abbrev	oration; must include the viations of like import in or partnership if not so co	language as will clea	rly indicate	OMPANY", "CORPORATION that it is a corporation inste	ON" or ad of a		
2.	Conn	ecticut		3.	06-1413157			
	(State or country	under the law of which	it is incorporated)		(FEI number, if appli	cable)		
4.	11/16/9		5			•		
	(Dat	e of incorporation)			ear corp. will cease to exist o	r "perpetual")		
6.		6/99				• • •		
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)							
7.		Church Street				•		
	New	Hven	Connecticu	t	06510-18	07		
		•	(Current mailing addr	ess)				
	(Purpose(s	eet address of Florida	a registered agent:	(P.O. Bo	e carried out in state of Flori x or Mail Drop Box <u>NOT</u>	·		
	Name: _	James D. M	CDONAID		1 1 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Off	fice Address: _	3589 So al	Ocean Blw #1	<i>39</i> , Fl	orida, <u>33480</u> (Zip code)	FIL 99 SEP -2 SEGNITAR		
l0.	Registered ag	gent's acceptance:				是 10		
nis vith	appucation, I no the provisions	ereby accept the appoint	tment as registered as the proper and com	gent and a	eree to act in this canacity.	on at the place designated in I further agree to comply um familiar with and accept		
		Januar	(Registered agent's s	gnature)				

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	Rober/J. Walczak	
Address:	10 Sachem Ave., Guilford, CT 06437	
	nan: Christopher Dwyer	
Address:	41 Willow Street Clinton, CT 06413	
	Noreen Walczak Frilling	
Address:	New Haven, CT 06511	
Address:		
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	•
President: _	Robert J. Walczak	
	10 Sachem Ave., Guilford, CT 06437	
— Vice Preside	ent: Noreen Walczak Frilling	99 SEP
Address:	52 Avon Street	
	New Haven, CT 06511	2 LEC
Secretary: _	Noreen Walczak Frilling 52 Avon Street	224
Address: _	New Haven, CT 06511	
Treasurer:		
Address: _	New Haven, CT 06511	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	
	Robert J. Walczak Chairman	- -
14	(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

POLARIS ADVISORY SERVICES, INC.

a STOCK corporation under the Connecticut General Statutes was filed in this office on November 14, 1994.

Insofar as the records of this office reveal, the corporation is in existence.

Secretary of the State

Date Issued: August 11, 1999