

LOG 000024748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

*[Handwritten signature]*

Office Use Only



100065841211

02/15/06--01046--020 \*\*160.00

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2006 MAR -7 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

MELISSA A. SCOZZAFAVA  
YAMIN & GRANT, LLC  
182 GRAND STREET, SUITE 417  
WATERBURY, CT 06702

SUBJECT: PASQUARIELLO CORPORATION, LLC  
Ref. Number: W06000008903

We have received your document for PASQUARIELLO CORPORATION, and your check(s) totaling \$160.00. However, the enclosed document has been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$160.00 payment.

As requested, we are returning these LLC documents unfiled.

Please use the enclosed self-addressed envelope to return the Articles of Incorporation that you are going to file.

And please do not hesitate to contact me at my direct number below if I may be of any assistance.

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) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 506A00012622

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

# *Yamin & Grant, LLC*

ATTORNEYS AT LAW

JOSEPH P. YAMIN\*  
ERIC M. GRANT  
GEORGE G. MOWAD II  
WILLIAM F. BREG  
PASQUALE M. SALVATORE\*  
MELISSA A. SCOZZAFAVA  
\*ALSO ADMITTED IN NY

GRAND PROFESSIONAL BLDG.  
SUITE 417  
182 GRAND ST.  
WATERBURY, CONNECTICUT 06702  
(203) 574-5175  
FAX (203) 573-1131  
www.yamingrant.com

March 2, 2006

Florida Department of State  
Division of Corporations  
Attention: Buck Kohr  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Pasquariello, LLC**

Dear Mr. Kohr:

Enclosed please find revised Articles of Organization for the above-referenced corporation. The original Articles were rejected because the LLC name contained the word "corporation." A copy of your correspondence dated February 22, 2006 is enclosed. As noted, the original filing fee of \$160.00 was retained by your office. Upon acceptance of the Articles of Organization, please forward a Certificate of Status and Certified Copy.

Thank you for your assistance in this matter.

Very truly yours,

  
Melissa A. Scozzafava

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2006 MAR -7 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pasquariello, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa A. Scozzafava  
(Name of Person)

Yamin & Grant, LLC  
(Firm/Company)

182 Grand Street, Suite 417  
(Address)

Waterbury, CT 06702  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Scozzafava at ( 203 ) 574-5175  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pasquariello, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

250 Royal Palm Way  
Suite 302  
Palm Beach, FL 33480

297 Peck Street, P.O. Box 65  
Fair Haven Station  
New Haven, CT 06513

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State, and Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Corporation Service Company

By: [Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

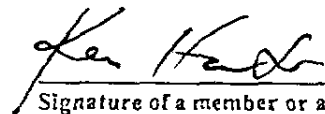
Name and Address:

<u>MGRM</u>	<u>Kenneth Horton</u>
	<u>41 Ironwood Road</u>
	<u>Guilford, CT 06437</u>
<u>                    </u>	<u>                                    </u>
<u>                    </u>	<u>                                    </u>
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kenneth Horton

\_\_\_\_\_  
Typed or printed name of signer

Filing Fees: \_\_\_\_\_

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)