

L12000026995

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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## FLORIDA LIMITED LIABILITY CO.

Caroline Arms, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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\*RE-SUBMIT\*

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February 23, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT

SUBJECT: CAROLINE ARMS, LLC  
REF: W12000010551

**\*RE-SUBMIT\***  
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: E12000047600  
Letter Number: 712A00007726

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION

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TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Caroline Arms, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

200 Pratt Street  
Meriden, CT 06450

**Mailing Address:**

200 Pratt Street  
Meriden, CT 06450

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System  
Name

1200 South Pine Island Road  
Florida street address

Plantation, FL 33324  
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.,*

*Connie Bryan*  
Connie Bryan Assistant Secretary  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGRM

Investors Network LLC

200 Pratt Street

Meriden, CT 06450

**ARTICLE V – Effective Date:** The Effective date will be the date of filing.

**ARTICLE VI - Purpose:** The purpose is any lawful purpose for which a limited liability company may be organized pursuant to the Florida Limited Liability Company Act.

**REQUIRED SIGNATURE:**

**INVESTORS NETWORK LLC, Managing Member**

By:   
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. 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.)

Salvatore R. Carabetta, Managing Member

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)**

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FORM 0001 (Rev. 01/01) - LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION (2011) 4/08

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