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(Business Entity Name)

(Document Number)

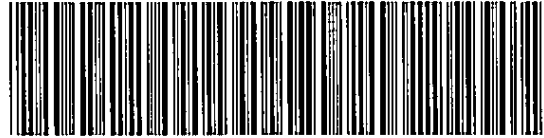
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OFFICE OF STATE
CLERK
DIVISION OF CORPORATIONS
19 MAY 16 PM 12:57

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ferrier's Folly 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:

Katie Childs
Name of Person

Firm/Company

80 Britannia St
Address

Meriden, CT 06450
City/State and Zip Code

Kvchilds@tuxisohrsfuel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Childs at 203 , 639-3573
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY 10 PM 12:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ferrier's Folly LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

80 Britannia St
Meriden, CT 06450

Mailing Address:

PO Box 953
Meriden, CT 06450

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:

Richard Carabetta

Name

8355 Exeter Circle L-12

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

Naples

City

FL

State

34108

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 605, F.S..

Richard Carabetta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATE AFFAIRS
19 MAY 10 PM 12:57

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

Name and Address:

Sue Vitali
1056 N. Elm St
Wallingford, CT 06492

Jim Vitali
1056 N. Elm St.
Wallingford, CT 06492

Kate Childs
7 Seiter Hill Rd
Wallingford, CT 06492

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STATE DEPT OF REVENUE
DIVISION OF CORPORATIONS
19 MAY 10 PM 12:58

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kate Childs

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kate Childs

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)