

N 0000000000468

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Breen & Associates, LLC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

100002977851--0  
-09/03/99--01006--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

100002977851--0  
-02/16/00--01083--011  
\*\*\*\*\*51.25 \*\*\*\*\*51.25

Please return all correspondence concerning this matter to the following:

William P. Breen

(Name of Person)

Breen & Associates, LLC

(Firm/Company)

21 Weston Road

(Address)

Westport, CT 06880

(City/State/Zip)

W99-20721

Should you need to call someone concerning this matter, please call:

8 pgs

William P. Breen

(Name of Person)

at ( 203 ) 222-7057

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien 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

**BREEN & ASSOCIATES, LLC**  
INVESTIGATIVE CONSULTING • FORENSIC ACCOUNTING

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P.O. Box 728, FAIRFIELD, CT 06430 • TEL: (203) 319-9388 • FAX: (203) 319-9626

February 10, 2000

To Whom It May Concern:

I am enclosing an application for a Foreign Limited Liability Company in the State of Florida for Breen & Associates, LLC. We have been trying to obtain a Private Investigator License in Florida.

This is our second attempt to process our application with your Division. I was recently informed the new laws indicate a balance of \$51.25 on our account.

Please find the enclosed application and check. If you have any questions please call us at our new number (203) 319-9388. Our Connecticut office has recently moved, so our address has changed:

William P. Breen, CFE  
Breen & Associates, LLC  
45 Sherman Street  
Fairfield, CT 06430

Mailing Address:  
PO Box 728  
Fairfield, CT 06430

Thank you for your efforts.

Sincerely



William P. Breen, CFE



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 8, 1999

WILLIAM P. BREEN  
BREEN & ASSOCIATES, LLC  
21 WESTON ROAD  
WESTPORT, CT 06880

SUBJECT: BREEN & ASSOCIATES, LLC  
Ref. Number: W99000020721

*Jill Perry*  
*203-319-9626*

We have received your document for BREEN & ASSOCIATES, LLC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

*Sending*  
*Sending* There is a balance due of ~~\$206.25~~ <sup>\*\$51.25</sup>. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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.

*Faxed* The form you have submitted is for a corporation, not an LLC. Enclosed is the correct form for filing an LLC.

*N/A* The name of your LLC is already in use in Florida, so you must adopt a different name for use in Florida. Enclosed is the "Resolution" form you may use to adopt this name. You may wish to call the number below to check the availability of any name you would like to adopt.

Please note that we are also returning the certified copy you submitted, as it is not the same as the certificate we require, which is described above.

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) 487-6958.

Lee Rivers

*no-added ref. #*  
*- 11/13/00*

Document Specialist

Letter Number: 399A00044396



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 25, 2000

WILLIAM P. BREEN, CFE  
BREEN & ASSOCIATES, LLC  
PO BOX 728  
FAIRFIELD, CT 06430

SUBJECT: BREEN & ASSOCIATES, LLC  
Ref. Number: W99000020721

We have received your document for BREEN & ASSOCIATES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section 7 of your application.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 000A00010177

*Dear Mr Rivers,*

*We have filled in Section 7. Thank you  
for expediting this.*

*Sincerely,*

*William P. Breen*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Breen & Associates, LLC  
(Name of foreign limited liability company)
2. CT  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 06-1423369  
(FEI number, if applicable)
4. 3/31/95  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Awaiting approval  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 45 Sherman St. - PO Box 728 <sup>new</sup>  
Fairfield, CT 06430 (address)  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

William P. Breen, Managing Director  
Margaret R. Breen, Secretary-Treasurer

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Financial Fraud Investigations

William P. Breen  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William P. Breen  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Breen & Associates, LLC

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

Barbara Rogers  
(Name)

345 DeSoto Parkway

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

Satellite Beach

FL

32937

City/State/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.*

Barbara Rogers  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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

BREEN & ASSOCIATES, LLC

is in existence.

A handwritten signature in cursive script, reading "Susan Bignewicz", written over a horizontal line.

Secretary of the State

Date Issued: February 14, 2000