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JAMES P. ROCK
ATTORNEY AT LAW

TEL: (203) 250-9557 FAX: (203) 250-1795
100 Hinman Street • Cheshire • Connecticut 06410

(Only State Zip Code)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

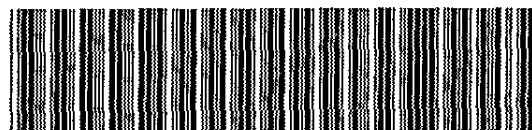
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

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. NETWORK INTERNATIONAL CT, LLC
(Name of foreign limited liability company)

2. Connecticut 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11 / 30 / 02 5. 2052
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 1/12/03
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1157 Highland Avenue
Cheshire, CT 06410
(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:

<u>Mindy DiCrosta</u>	<u>Thomas Maffuid</u>
<u>1157 Highland Ave.</u>	<u>1157 Highland Ave.</u>
<u>Cheshire CT</u>	<u>Cheshire CT</u>
<u>06410</u>	<u>06410</u>

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: Marketing

x Mindy DiCrosta x Thomas Maffuid
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.)

Mindy DiCrosta Thomas Maffuid
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:

NETWORK INTERNATIONAL CT, LLC

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

Robyn Sachs
(Name)

7128 West McNab Rd
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tamarac, FL 33821
(City/State/Zip)

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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.

x Robyn Sachs
(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

NETWORK INTERNATIONAL CT, LLC

is in existence.



Secretary of the State

Date Issued: December 23, 2002