

MO3 000000935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

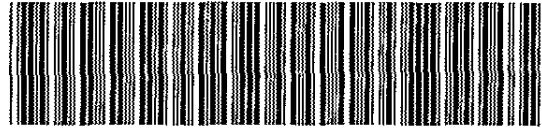
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100014235561

09/21/03--01033--019 **125.00

STATE
DIVISION OF
FLORIDA

09/21/03 09:50

FILED

MO3-935
al

Michael W. Michaud

Certified Public Accountant

106 East Street

P.O. Box 834

Plainville, Connecticut 06062-0834

Fax No.

(860) 793-2634

E-Mail

mwmcpa@attbi.com

Telephone

(860) 747-4559

(860) 747-4550

March 2, 2003

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

Re: Foreign LLC Registration

Dear Ms/Sir:

Enclosed please find the following documents needed to register as a Foreign LLC:

- A) Application
- B) Certificate of Existence
- C) Check for application fees.

Should you have any questions or need additional information, please feel free to contact us.

Very Truly Yours,



Michael W. Michaud
Certified Public Accountant

MWM: bu

CC: 29 Hillside Ave, LLC
Enclosures

RECEIVED
03/02/03 11:09:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. 29 HILLSIDE AVENUE, LLC
(Name of foreign limited liability company)

2. CONNECTICUT 3. 06-1614594
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12-13-00 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. JANUARY 2, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 4102 SMOKEY PINES COURT
FORT PIERCE, FL 34951
(Street address of principal office)

FILED
03 MAR 21 AM 9:50
TALLAHASSEE FLORIDA

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:
TERRANCE K DROUIN & AVIS T DROUIN

4102 SMOKEY PINES COURT

FORT PIERCE, FL 34951

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: RENTAL PROPERTY

INCOME & EXPENSES TO BE PAID OUT OF FLORIDA CHECKING ACCOUNT.

Terrance K Drouin - Member
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.)

TERRANCE DROUIN
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:

29 HILLSIDE AVENUE, LLC

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

TERRANCE DROUIN

(Name)

4102 SMOKEY PINES COURT

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

Ft. Pierce

FL

34951

(City/State/Zip)

STATE OF FLORIDA
TALLAHASSEE

REGISTERED AGENT
FILED

FILED

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.


(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

29 HILLSIDE AVENUE, LLC

organized under the laws of Connecticut as a Limited Liability Company,
was filed in this office on December 13, 2000 and is in existence as of
the date of this certificate.



Secretary of the State

Date Issued: February 5, 2003