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AND ASSEE, FLORIDA

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ACCOUNT NO. : 072100000032

REFERENCE : 979792

5040330

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER TIME : 2:51 PM

ORDER DATE: November 18, 2004

ORDER NO. : 979792-005

CUSTOMER NO: 5040330

CUSTOMER: Hortensia Franco

Shipman & Goodwin 300 Atlantic Street

Stamford, CT 06901-3522

FOREIGN FILINGS

NAME: RELIANCE TIDEMARK LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 23, 2004

SARA LEA CSC TALLAHASSEE, FL

SUBJECT: RELIANCE TIDEMARK LLC

Ref. Number: W04000042988

We have received your document for RELIANCE TIDEMARK LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please list the NAME of the MANAGER in Item 9. We need the name and the address.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 204A00066434

RESubmit

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

TI ITO

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 LIMITED LIMITED LIMITED LIMITED FOREIGN

. Reliance Tidem		··			
	(Name of Foreign List	nited Lia	bility Company)		
Connecticut		3.			
(Jurisdiction under the company is organized	e law of which foreign limited liab D	ility	(FEI number, if applic	able)	
1. October 25, 20	104	5.	Perpetual		
(Date of	of Organization)		(Duration: Year limited liability con exist or "perpetual")	pany will cease	io .
6. December 1, 20	004				
	(Date first transacted business (See sections 608.501 & 608.50	in Flori 2 F.S. to	da, if prior to registration.) determine pensity liability)	SEC ALL	AON 70
7. 422 Summer Str	eet, Stamford, CT 0690)1		全部	Ö
				ASSI ASSI	\sim
	(Street Ac	dress of	Principal Office)	ਲਾਂ≘	3
8. If limited liabilit	y company is a manager-man	naged co	Principal Office) ompany, check here ✓ ring members or managers are a	STAI FLOR	9 10: 09
9. The name and us	ual business addresses of the	manag	ing members or managers are a	s follows	9
Joseph R.	Gaudio		 		
422 Summa	er Street, Stamford,	ርጥ ሰ	16001		
422 Suimie	r screet, scamporu,	<u> </u>	70301	<u> </u>	
	•				
the jurisdiction under the translation of the certific	e law of which it is organized. (A phate under ooth of the translator must	otocopy be submi		foreign language	fiecords i ,a
11. Nature of busin	ness or purposes to be conduc	eted or	promoted in Florida: To engag	e in any	
lawful act or a	activity for which limited	liabil	ity companies may be formed	in Florida	•
	Soft	DA.	ladia		
	Signature of a member or	an aut	norized representative of a mem	ber.	
	(In accordance with section 608.4	08(3), F.S s of period	S., the execution of this document constitutry that the facts stated herein are true.)	ės	
	Joseph R. Gaudio	y 1) w	•		
	Typed or r	orinted	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.

I. The name of	the Limited Liability Company is:
Reliance Tide	emark, LLC
2. The name an	d the Florida street address of the registered agent and office are:
	Charles L. Starr, III
	(Name)
	c/o Resort Quest 4030 Gulf of Mexico Drive
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Longboat Key FL 34228
	Cîty/State/Zîp
liability company agent and agree relating to the pr	ned as registered agent and to accept service of process for the above stated limited y at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes roper and complete performance of my duties, and I am familiar with and accept the y position as registered agent as provided for in Chapter 608, Florida Statutes.
	(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

RELIANCE TIDEMARK, LLC

is in existence.

Secretary of the State

Date Issued: November 19, 2004