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TALLAHASSEE, FLORIDA

N. Oulligan APR 27 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONNIE'S VERMONT SPECIALTIES & GIFTS LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CONNIE M. STRATTON

(Name of Person)

CONNIE'S VERMONT SPECIALTIES & GIFTS LLC

(Firm/Company)

PO BOX 442

(Address)

SOUTH HERO, VERMONT 05486

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE STRATTON

(Name of Person)

at (802) 764-5898

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

**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. Connie's Vermont Specialties 'Gifts' LLC
(Name of Foreign Limited Liability Company)
2. Vermont 3. 11-3774359
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 9/04 4. Perpetual
(Date of Organization) (Duration) Year limited liability company will cease to exist or "perpetual"
6. Fall 2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 77 Rte 2, Lot M12
South Hero, Vermont 05486
(Street Address of Principal Office)

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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:

CONNIE M. STRATTON, PO Box 442, So Hero, VT 05486
Schuyler W. STRATTON, Same

* 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: _____

Sale of Pre-package Food Products

Connie M. Stratton
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.)

Connie M. Stratton
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:

CONNIE'S Vermont Specialties & Gifts LLC

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

CONNIE M. Stratton
(Name)

28944 Hubbard ST Lot #102
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Leesburg FL 34748
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, Florida Statutes.

Connie M. Stratton
(Signature)

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

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

*I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that
according to the records of this office*

CONNIE'S VERMONT SPECIALTIES & GIFTS LLC

a limited liability company formed under the laws of the State of Vermont

was filed for record in this office on September 27, 2004

*I further certify that the company's most recent annual report is on file, and that articles of
termination have not been filed.*

April 13, 2006

*Given under my hand and the seal
of the State of Vermont, at*

Deborah L. Markowitz



Montpelier, the State Capital
Deborah L. Markowitz
Secretary of State