		,
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	e)
·	•	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	4	Mr.
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	Office Use Only	,



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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: DEL QUEST SERVICES LLC (Name of Lir	nited Liability Company)					
Florid		iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited					
Please	e return all correspondence concerning this	matter to the following:					
	JOI	HN V RUSSO					
	(N	ame of Person)					
	DEL QUEST SERVICES LLC						
	(Firm/Company)						
	761 CAMPBELL AVE						
		(Address)					
	WESTH	AVEN, CT 06516					
	(City/S	State and Zip Code)					
For fu	orther information concerning this matter, pl	lease call:					
	DARLENE NORMAN	at (203) 931-1405					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
	MAILING ADDRESS:	STREET ADDRESS:					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle					
	Tallallassee, T.E. 32314	Tallahassee, FL 32301					
Enclo	sed is a check for the following amount: \$\Bigsim\\$125.00 \text{Filing Fee} \Bigsim\\$130.00 \text{Filing Fee & Certificate of the following amount:}						

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:

DEL Q	JEST SERVICES LLC					
-	(Name of Foreign L	imited Lia	ability Company)			
	CONNECTICUT	3.		81-0588433		
(Jurisdictio company is	n under the law of which foreign limited lize organized)	ability	(FI	El number, if applicable))	
	1/02/03	5	PERPETU	AL		
	(Date of Organization)	٥.	(Duration: Year	limited liability comparial")	ny will cea	ise to
	UPON QUAI			···· <i>)</i>		DIV.
	(Date first transacted busine (See sections 608.501 & 608.5			stration.)		
	•		•	-	JAN	金融
	761 CAMPBELL AVE	WE:	ST HAVEN,	CT 06516		
•	761 CAMPBELL AVE	WE	ST HAVEN.	CT 06516	₽)
			Principal Office)			A A
If limited	d liability company is a manager-ma	ınaged c	omnany, check	here /	23	NONS TE
		J	1 0,	_		**
The nam	e and usual business addresses of th	ie manag	ging members o	r managers are as fo	llows:	
MANA	GING MEMBER JOHN V. RUS	SO 76	1 CAMPBELL	_ AVE WEST HA	VEN. C	T 06516
				· · · · · · · · · · · · · · · · · · ·		
						
	s an original certificate of existence, no more t					
	under the law of which it is organized. (A pl			the certificate is in a fore	ign langua	ige, a
nsiation of	the certificate under oath of the translator must	i be submi	uea.)			
. Nature	of business or purposes to be condu	cted or j	oromoted in Flo	rida: ANY LAWF	UL PUI	RPOSE
	7 -					·
	Signature of a member or	an auth	orized represen	tative of a member.		
	(In accordance with section 608.4 an affirmation under the penaltic					
	-	IN V RI		·		
	Typed or j	printed r	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:

DEL QUEST SERVICES LLC

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

ATLANTICA SOUTH EAST INSURANCE AGENCY, INC (Name) 3828 WOODSIDE AVE Florida Street Address (P.O. Box NOT ACCEPTABLE) FORT MYERS FL 33916 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, Florida Statutes.

\$ 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 articles of organization for

DEL QUEST SERVICES, LLC

a domestic limited liability company, were filed in this office on January 02, 2003.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: January 10, 2007

Business ID: 0735920 Express Certificate Number: 2007008527001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov