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PICK-UP	MAIT	MAIL		
, (Bu	isiness Entity Nam	e)		
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Certified Copies	_ Certificates	of Status		
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Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Registration Section

Division of Corporations					
SUBJECT: KAPATOES INSURANCE SERVICES, 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:					
MARK J. KAPATOES					
(Name of Person)					
KAPATOES INSURANCE SERVICES, LLC					
(Firm/Company)					
1180 BRAMPTON PLACE					
(Address)					
LAKE MARY, FL 32746					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
MARK J. KAPATOES	at (203) 507-6068				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Division of Corporations	STREET ADDRESS: Division of Corporations				
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301				
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of St}\$	☑\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate atus Certified Copy 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.	KAPATOES INSURANCE SERVICES, LLC				
- •	(Name of Foreign Limited Liability Company)				
٠.	CONNECTICUT 3. 061550140				
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4.	981997 7 21 1999 5. PERPETUAL				
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	<u> </u>			
6.	NO BUSINESS TRANSACTED				
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7.	1180 BRAMPTON PLACE, LAKE MARY, FL 32746 (IN FLORIDA)	_			
_	705 BOSTON POST ROAD, CUILFORD, CT 06437 (IN CONNECTICUT)				
	(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:				
	MARK J. KAPATOES, 1180 BRAMPTON PLACE, LAKE MARY, FL 32746				
). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of				
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)				
1	1. Nature of business or purposes to be conducted or promoted in Florida:	— <u>□</u>			
	INSURANCE BUSINESS 9	.¥. 32.			
	W. I. T. A	- 로움			
	Signal Sing Managing Manager =	9 <u>7</u> -			
	Signature of a member of 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 parallties of perjury that the facts stated herein are true.)	골유			
	MARK J. KAPATOES, MANAGING MEMBER 9	35 13 13			
	Typed or printed name of signee	ATTOP ATE			

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:	

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

KAPATOES INSURANCE SERVICES, LLC

TOROUGHAMP TOROUGH AGE	MARK J. KAPATOES
(Name)
1180 BRAMPTO	N PLACE
Florida Street Address (I	P.O. Box NOT ACCEPTABLE)
LAKE MARY	FL 32746
C	ity/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.

Jak J. Signalur Suchward

\$ 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

KAPATOES INSURANCE SERVICES, L.L.C.

a domestic limited liability company, were filed in this office on July 21, 1999.

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: March 27, 2007

Business ID: 0626103 Express Certificate Number: 2007074159001

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