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(Re	equestor's Name)	
(Ad	ldress)	
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(Un	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF SIATIONS
CHAISION OF CORPORATIONS
CHAISION OF CORPORATIONS
CONTRACTOR OF CONTRACTOR OF

J. BRYAN

APR - 8 2008

EXAMINER



April 4, 2008

Division of Corporations Florida Department of State Clifton Building P.O. Box 6327 Tallahassee, FL 32314

RE: True3, LLC

Dear Filing Officer:

Please file the attached qualification documents for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Victor Alfano Vice President

Encl.



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: True3, LLC	El imited Liebility Commons	
(Name of	Limited Liability Company)	
	d Liability Company for Authorization to Transact are submitted to register the above referenced foreignal	
Please return all correspondence concerning the	his matter to the following:	
Victor Alfano		
	(Name of Person)	
•		
National Corporate Services, LLC		
	(Firm/Company)	_ G
		98 I
16055 Space Center Blvd., Suite 235	5	另经
	(Address)	
	()	- P
. Houston, TX 77062		AM 10: 34
	ty/State and Zip Code)	3 and
(CI	ny/state and 2np code;	₹ 5
For further information concerning this matter	r, please call:	
Victor Alfano	at (800) 862-5438	
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
I dilididisses, I D 32314	Tallahassee, FL 32301	
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}\$ \sum{130.00 Filing Fee}\$ Certific	Fee & \$\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee, }	Certificate Certified Copy

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

1. True3, LLC		
(Name of Foreign Limited Liability Company; mu	ust include "Limited Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company," "L.L.C.," "LLC.")		
2. Connecticut	ability 3. 26-1344637 (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited lia company is organized)	ability (FEI number, if applicable)	1
4. 12/19/2007	5. perpetual	
(Date of Organization)	(Duration: Year limited liability companexist or "perpetual")	y will cease to
6. <u>upon filing</u>		
	ess in Florida, if prior to registration.) 502 F.S. to determine penalty liability)	08 VVISI
7. 18 0 State Street 5 S. Main 8	5+	一 第 第
Guilford, CT 00497 Branford, CT	Address of Principal Office)	- CORE
(Street A	Address of Principal Office)	H ST
3. If limited liability company is a manager-ma	anaged company, check here	o: 34
9. The name and usual business addresses of th	ne managing members or managers are as fol	lows:
John Hodson, Sole Member 189 State Street, 6	Builford, CT 06437 6 S. Main St	Branford, CT 0641
	-	
		<u> </u>
	_ .	
10. Attached is an original certificate of existence, no more	· · · · · · · · · · · · · · · · · · ·	-
the jurisdiction under the law of which it is organized. (A pitranslation of the certificate under eath of the translator must	• •	gn language, a
	ŕ	
11. Nature of business or purposes to be condu	•	<u> </u>
Health Ins	surance Broker	,
1/2001/1 1/1/2		

John Hodson, Sole Member

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.

True3, LLC			
f name unavailab	le, the alternate name	to be used in the state of Florida is:	
	•		
. The name and	the Florida street addr	ress of the registered agent and office are:	
N	IRAI Services, Inc.		0 %
<u> </u>	IRAI Services, Inc.	(Name)	BIVISION A
<u> </u>	IRAI Services, Inc.	(Name)	08 APR
_	IRAI Services, Inc. 731 Executive Park Driv		08 APR -7
_	731 Executive Park Driv		<u> </u>
_	731 Executive Park Driv	ve, Suite 4	<u> </u>
	731 Executive Park Driv	ve, Suite 4	OB APR -7 AM 10: 34

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. NRAI Services, Inc.

(Signature) Victor Alfano, Vice President

By:

\$ 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

TRUE3, LLC

a domestic limited liability company, were filed in this office on December 19, 2007.

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: April 04, 2008

SECRETARY OF STATE ON SECRETARY CORPORATION OF CORP

Business ID: 0922210 Express Certificate Number: 2008082982001

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