MU8000002151

•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
(5)	A District Control of the Control of	
(DC	ocument Number	J
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	·	
<u> </u>		

Office Use Only



500128527165

05/06/08--01027--017 **125.00

2008 MAY -6 PH 1: OS

T. CLINE MAY - 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 440 Washington Ave., LLC	mited Liability Company)	
(Name of Lif	inited Liability Company)	
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are sliability company to transact business in Florida	submitted to register the above referenced foreign	
Please return all correspondence concerning this	matter to the following:	
John P. Cullen		
(N	lame of Person)	
440 Washington, LLC		
(1	into Company)	
440 Washington Ave.		
	(Address)	•
North Haven, CT 06473		
	State and Zip Code)	
	ري. در خد	20
For further information concerning this matter, pl	lease call:	7000 MAY
	HAT.	
John P. Cullen	at (203) 479-6910	_ o
(Name of Person)	(Area Code & Daytime Telephone Numb	
MAILING ADDRESS:	STREET ADDRESS:	- 0
Division of Corporations	Division of Corporations	-0
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee &\int \text{Certificate of the following amount:}		Certificate 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	STATE OF FLORIDA:
1. 440 Washington, LLC (Name of Foreign Limited Liability Company; must include the company).	
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	
₂ Connecticut ₃	06-1573779
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. February 15, 2000 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. (Data first transported business in Flor	vide if prior to registration
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	to determine penalty liability)
7. 440 Washington Ave., North Haven, 0	
	LCP # 7
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed of	company, check here C
9. The name and usual business addresses of the mana	ging members or managers are as follows:
John P. Cullen 440 Washington Ave	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or	www.stad.in Elarida, Vehicle Leasing
11. Nature of business or purposes to be conducted or	promoted in Florida:
-	
$\gg \ell$	
Signature of a member or/an aut	horized representative of a member.
(In accordance with section 608, 108(3), F.S. an affirmation under the penalties of perjuit	S., the execution of this document constitutes ry that the facts stated herein are true.)
John P. Cu	

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.

The name of the Limited Liability Company is: 440 Washington, LLC	_
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	-
Madison Leasing LLC (Name)	
221 North Hogan St, #324 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Jacksonville FL $32202-4207$	enzis Para
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 register 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. (Signature) \$ 100.00 Filing Fee for Application	vred

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

5.00

440 Washington, LLC 440 Washington Ave. North Haven, CT 06473 203-479-6910

May 2, 2008

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

To Whom It May Concern:

Please register 440 Washington, LLC as a foreign corporation in order that that company can transact business in Florida. We have attached an original certificate of existence and a check for \$125, which is \$100 for the filing fee and application and \$25 for the designation of registered agent. Thank you for your consideration.

Sincerely, Marien & De Jws

Thomas E. DeVivo

Controller

2008 MAY -6 PM 1: 10
SECRETARY OF STATE
TALL AHASSEF FLORIDA

El memoral

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

440 WASHINGTON, LLC

a domestic limited liability company, were filed in this office on February 15, 2000.

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: May 02, 2008

Business ID: 0643248 Express Certificate Number: 2008105306001

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