# MIDODOSOID

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<b>→ #</b> )
PICK-UP	MAIT	MAIL
,	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	(	



500187286055

11/03/10--01007--004 \*\*130.00

FILED

10 NOV 10 PM 12:21

SECRETARY OF STATE

Han EXPMINER

NOV 15 2010

**G. MCLEOD** 

1010-5173H



"Insights and Solutions...."

324 Pheasant Glen Shelton, CT 06484 203.219.4594 candy@candylombardo.com

8311 Eagle Isles Place Bradenton, FL 34212

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

November 1, 2010

Dear Sir or Madam,

Enclosed please find an Application to register my CT consultation business in FL for the purpose of transacting business in this state. Per directions, please find a check payable to the FL Department of State for the requisite fee, as well as an original certificate of existence of my LLC in CT.

Thank you very much for your follow-through in this matter.

Barbara Lombardo

Sincerely,

### **COVER LETTER**

A Commence of the second

TO: Registration Section Division of Corporations
SUBJECT: Candy Lombardo Consulting, 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:
Dr. Barbara Lombardo
Name of Person
Candy Lombardo Consulting, LLC
Firm/Company
8311 Eagle Isles Place
Address
Bradenton, FL 34212
City/State and Zip Code
candy@candylombardo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dr. Barbara Lombardo at (941 ) 773-2474
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\int_{125.00}^{125.00}\$ \text{Filing Fee} \text{\$\subseteq}_{130.00}^{130.00}\$ \text{Filing Fee & Certificate of Status} \text{\$\subseteq}_{155.00}^{155.00}\$ \text{Filing Fee & Certified Copy} \text{\$\subseteq}_{0}^{160.00}\$ \text{Filing Fee, 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. Candy Lombardo Consulting, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and att consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")	
2. CONNECTICUT  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable company is organized)	e)
4. May 20, 2005 (Date of Organization)  5. Perpetual (Duration: Year limited liability comparation or "perpetual")	any will cease to
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	NOV IO
7. 8311 Eagle Isles Place  Bradenton, FL 34212	FFS IZ
(Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here	ATE A
9. The name and usual business addresses of the managing members or managers are as for	ollows:
BARBARA LOMBARDO 8311 EAGLE ISLES PL	BRADENTON FL 34212
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for translation of the certificate under oath of the translator must be submitted.)	ring custody of records in eign language, a
11. Nature of business or purposes to be conducted or promoted in Florida: educational	consultation_

Typed or printed name of signee

Dr. Barbara Lombardo

## 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:
Candy Lombardo Consulting, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Dr. Barbara Lombardo
(Name)
8311 Eagle Isles Place
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Bradenton, FL 34212 FL
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.

(Signature)

\$ 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

#### CANDY LOMBARDO CONSULTING, LLC

a domestic limited liability company, were filed in this office on May 20, 2005.

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: November 01, 2010

Business ID: 0821974 Express Certificate Number: 2010256371001

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