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J. BRYAN

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EXAMINER

COVER LETTER

Registration Section

TO:

SUBJECT: Bauza & Associates, I		- -
N	Name of Limited Liability Company	
	iability Company for Authorization to Transact Business above referenced foreign limited liability company to tra	
Please return all correspondence concerning this	matter to the following:	,
Lillian Santiago-Bauza		<u></u>
	Name of Person	
Bauza & Associates, LLC		
	Firm/Company	
11 Asylum Street, Suite	e 201	ZSE =
	Address	公司 第二
Hartford, CT 06103		ASSE E
	City/State and Zip Code	mon B
Isantiago@bauzaass	ociates.com	STA STA
	: (to be used for future annual report notification)	्र ्टित अ
For further information concerning this matter, plo	ease call:	-
Lillian Santiago-Bauza	at (860) 246-2100 x 109)
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount \$\sqrt{\$125.00}\$ Filing Fee \$\sqrt{\$130.00}\$ Filing Certificate of \$\sqrt{\$}\$	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee	

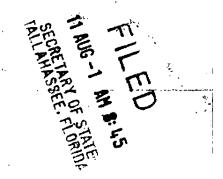


July 12, 2011

LILLIAN SANTIAGO-BAUZA BAUZA & ASSOCIATES, LLC 11 ASYLUM STREET, SUITE 201 HARTFORD, CT 06103

SUBJECT: BAUZA & ASSOCIATES, LLC

Ref. Number: W11000036689



We have received your document for BAUZA & ASSOCIATES, LLC and your-check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 311A00016537

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 STATE OF FLORIDA:
1. Bauza & Associates, 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 attach a copy of the writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Massachusetts 3. 01-0842381
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 03-2003 5. 6/30/2039
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Not yet 上海 岩
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 11 Asylum Street, Suite 201
Hartford, CT 06103
(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:
Hector A. Bauza
55 Richmond Way, Chicopee Ma 01022
Wilson Camelo, 57 Grandview Ave, Hamden, CT 06514
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Advertising, Marketing,
Public Relations, Events, Promotions, Media
Lecti a) Bay
Signature of a member or 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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF . REGISTERED AGENT/REGISTERED OFFICE

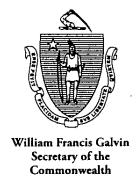
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Comp	any is:		
Bauza & /	Associates LLC	·		
If unavailable,	, the alternate to be used in the	e state of Florida is:		
2. The name a	and the Florida street address of Emma Perez, Bauza & A		ent and office are:	SECRETARY OF THE PARTY OF THE P
	Ellilla Pelez, Bauza & A		·	
		(Name)		70
	1111 Gran Paseo Drive			OR TAIR
	Florida Street Add	ress (P.O. Box NOT AC	CCEPTABLE)	- Topings
	Orlando	FL City/State/Zip	32825	_
		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)



Secretary of the Commonwealth State House, Boston, Massachusetts 02488 The Commonwealth of Massachusetts

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

BAUZA & ASSOCIATES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 24, 2005.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: HECTOR BAUZA, WILSON CAMELO

The names of all persons authorized to act with respect to real property listed in the most recent filing are: HECTOR BAUZA, WILSON CAMELO



Secretary of the Commonwealth

William Travin Galicin

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Processed By: sam