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B. BOSTICK
DEC -1 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CellMark Direct, 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:
Elizabeth A. Strole
Name of Person
Rome Clifford Katz & Koerner, LLP
Firm/Company
214 Main Street
Address
Hartford CT 06106
City/State and Zip Code
estrole@rckklaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elizabeth A. Strole at (860) 527-7044 (x248)
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building 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: \$\int_\$\$125.00 Filing Fee \times \bigcup \text{\$\frac{1}{25.00}}\$130.00 Filing Fee \times \bigcup \text{\$\frac{1}{25.00}}\$160.00 Filing Fee, Certificate \text{ Certified Copy} \$\int_{\text{certified Copy}}\$ 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. CellMark Direct, LLC
1. CellMark Direct, 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. Delaware 3. (FEI number, if applicable)
company is organized)
4 August 10, 2006 5 Perpetual
(Date of Organization) (Duration; Year limited liability company will cease to
exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 80 Washington Street
/. <u></u>
Norwalk CT 06854
(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:
John Pettit- 80 Washington St., Norwalk, CT 06854
Anthony M. Mosca, Jr 80 Washington St., Norwalk CT 06854
Dominick I Marala 90 Washington St. Nanyalk CT 06854
Dominick J. Merole - 80 Washington St., Norwalk CT 06854
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
ranslation of the certificate under oath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful
business
* Julia Whos
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.)
Anthony M. Mosca, Jr.
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	ne of the Limited Liabilit	y Company is:	•		
CeliMark Direct, LLC					
If unavailab	ole, the alternate to be use	ed in the state of Florida is:			
2. The nam	•	ddress of the registered agent and office	are:		
	C T Corporation System				
		. (Name)	•		
	1200 South Pine Island R	oad			
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FI. 33324			
		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 ag registered agent as provided for in Chapter 608, Florida Statutes.

By:

(Signature)

Cf Corporation System

WINEFFIELD

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CELLMARK DIRECT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2011.

4203746 8300

111203986

AUTHENTY CATION: 9162887

DATE: 11-16-11

You may verify this certificate online at corp.delaware.gov/authver.shtml