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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 28 AM 10:47

MAR 29 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sawicki Insurance Agency 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:

Joshua Sawicki

Name of Person

Sawicki Insurance Agency LLC

Firm/Company

55 Talcott Ave

Address

Vernon, CT 06066

City/State and Zip Code

josh@sawickiagency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Sawicki

Name of Person

at 860 867-7637

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:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



55 Talcott Ave PO Box 1001 Vernon, CT 06066  
Phone 860-875-5706 Fax 860-872-2738  
jsawicki@sawickiagency.com

To whom it may concern:

Please except this filing for Sawicki Insurance Agency LLC as a foreign entity in Florida. Please do not revoke the dissolution of Sawicki Insurance Agency LLC doc# L12000105409 and Sawicki Insurance Agency doc# GP1000000599 that I recently filed online. I had filed first as a partnership and then as a Florida LLC in error. If you have any questions please call me at 860-867-7637.

Sincerely,

Joshua Sawicki  
Member  
860-867-7637

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13 MAR 28 AM 10:47

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Sawicki Insurance Agency 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Connecticut

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 32-0356511

(FEI number, if applicable)

4. 10/18/2011

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. 3/26/2013

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 55 Talcott Ave Vernon CT 06066

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

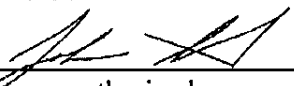
9. The name and usual business addresses of the managing members or managers are as follows:

Joseph Sawicki 55 Talcott Ave Vernon CT 06066

Joshua Sawicki 55 Talcott Ave Vernon CT 06066

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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: Insurance Agency

  
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.)

Joshua Sawicki

Typed or printed name of signee

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**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:

**Sawicki Insurance Agency LLC**

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If unavailable, the alternate to be used in the state of Florida is:

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2. The name and the Florida street address of the registered agent and office are:

**Joshua Sawicki**

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(Name)

**9121 N Military Trail Ste 217**

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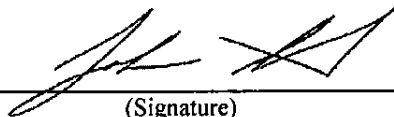
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Palm Beach Gardens FL 33410**

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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.*



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(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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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

SAWICKI INSURANCE AGENCY LLC

a domestic limited liability company, were filed in this office on October 18, 2011.

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: March 26, 2013