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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:.	





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2013 APR - | PH 3: 32 SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section Division of Corporations

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	Art-Uo	Services,	1.1.5	
CHID RECT.	, u. c. O O	O O, 1,000,		•

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:

Arthur Cocchiaro	
Name of Person	
Art-Co Services, LLC	
Firm/Company	2013 TAL
555 Sherman Avenue, Building A, Unit 1	APR-
Address	- Size -
Hamden, CT 06514	EFFS 3:
City/State and Zip Code	
art.services@sbcglobal.net	P 10
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

A 41		\sim		
Art	nur	Coc	chi	aro

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:

☐ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & 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 RUSINESS. IN THE STATE OF FLORIDA:

	urpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")	anternate name. The atternate name must menute Emitted Elability
2. Connecticut	3. <u>061549134</u>
(Jurisdiction under the law of which foreign limited liability company is organized)	ty (FEI number, if applicable)
_{4.} May 4, 1999	_{5.} perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Onto first throughout the single search business in	Elevide if najor to reciptation
(See sections 608.501 & 608.502	F.S. to determine penalty liability)
_{7.} 555 Sherman Avenue, Hamden, 0	CT, 06514
	AM PR
(Street Add	ress of Principal Office)
8. If limited liability company is a manager-manag	
9. The name and usual business addresses of the n	nanaging members or managers are as follows: \sim
Arthur Cocchiaro 555 Sherman A	venue, Hamden, CT, 06514
Gloria Cocchiaro 555 Sherman A	venue, Hamden, CT, 06514
the jurisdiction under the law of which it is organized. (A phot translation of the certificate under oath of the translator must be	n 90 days old, duly authenticated by the official having custody of records in a coopy is not acceptable. If the certificate is in a foreign language, a esubmitted.) d or promoted in Florida: Art-Co Services, LLC
Withing low	a authorized representative of a member.

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.)

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the

Arthur Cocchiaro

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: Art-Co Services, LLC	
If unavailable, the alternate to be used in the state of Florida is: N/A	
2. The name and the Florida street address of the registered agent and office are:	

	(Name)
877 Scott Street	
Florida Street Addre	ess (P.O. Box NOT ACCEPTABLE)
The Villages	_{FL} 32162
	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 tis 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.

Filing Fee for Application \$ 100.00 \$ 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

ART-CO SERVICES, LLC

a domestic limited liability company, were filed in this office on May 04, 1999.

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 25, 2013

Business ID: 0620190 Express Certificate Number: 2013086318001

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