

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000227800 3)))



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Division of Corporations

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RE-SUBMIT

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E C T CORPORATION SYSTEMATE OF SUDMISSION 10/11

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

CMATT	MULLERS:		 	
		 	 	

Foreign Limited Liability Company LRI LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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10/14/2013

85C-817-8381

10/14/2013 8:39:19 AM PACE 1/001 Fax Server



October 14, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

CT

SUBJECT: LRI LLC REF: W13000056883

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ARANDONED".

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

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Neysa Culligan Regulatory Specialist II FAX Aud. #: H13000226981 Letter Number: 013A00023975

RECEIVED

13 OCT 14 PM 12: 00
SECNETARY OF STATE

CR2E027 (9/10)	COV	ER LETTER	
TO: Registration Section Division of Corpora			
LRILLC			•
SUBJECT:	Name of Lim	ited Liability Company	
			unsact Business in Florida," Certificate o y company to transact business in Florid
Please return all corresponde	nce concerning this matter to the	following:	•
Linda A. R	ibes, Paralegai		
·	Na	me of Person	
Reid and R	iege, P.C.		,
- بعسي	Fi	m/Company	··· <u>·</u> ···
One Financ	One Financial Plaza, 21st Floor		
		Address	
Hartford, C	T 06103		
	City/St	ate and Zip Code	······································
nls@finrip.c	om		
·	E-mail address: (to be used	for future annual report noti	fication)
For further information conce	erning this matter, please call:		
Nancy Shepard		860 761-9	796
N	ome of Person Area	Code & Daytime Telephone	Number
MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323	tions Division Registra Clifton 2661 E:	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssoc, FL 32301	
Enclosed is a check for t		■ \$155.00 Filing Fee & Certified Copy	☐ \$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 BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1 LRILLC	
(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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liable Company," "L.L.C," "LLC.")	
2. Connecticut 3.	
(Jurisdiction under the law of which foreign limited liability (Fill number, if applicable) company is organized)	
4. April 15, 2013 5. Perpetual	
(Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual")	,
6. August 1, 2013	
(Dule liest transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	<u> </u>
_ 29 South Main Street	
7.	7 5 -
West Hartford, CT 06107	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here 🔀	至三 (
9. The name and usual business addresses of the managing members or managers are as follows:	Tre l'es
Carl J. Peterson, Managing Principal, 29 South Main Street, West Hartford, CT 06107	<u>.</u>
Anthony T. Pace, Managing Principal, 29 South Main Street, West Hartford, CT 06107	
	_
10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language, translation of the certificate under oath of the translator must be submitted.)	, 8
11. Nature of business or purposes to be conducted or promoted in Florida: Financial counseling, investme	nı —
management, employee and executive benefits.	
Cal 1. Post	
Signature of a member or arrauthorized representative of a member.	
(In accordance with section 608,408(3), F.S., the execution of this document constitutes on officantion 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.)	
Can S. Peterson	
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.

I. The name o	of the Limited Liability Company	y is:	
If unavailable,	the alternate to be used in the st	tate of Florida is:	
2. The name a	and the Florida street address of	the registered agent and office are:	TSS .
•	CTC	Corporation System	三出
	(Name)		ESS.
	1200 South Plac Island Road		
	Florida Street Addres	33 (P.O. Box NOT ACCEPTABLE)	110 25
,	Plantation	FL 33324 City/State/Zip	
liability compa registered agei statutes relatin	my at the place designated in this nt and agree to act in this capaci ng to the proper and complete per	accept service of process for the above stated lins certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions rformance of my duties, and I am familiar with a red agent as provided for in Chapter 608, Florid	s of all and

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

\$ 5.00 Certificate of Status (optional)

(7/7)

10/14/2013 9:24:16 From: To: 8506176383

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

LRI LLC

a domestic limited liability company, were filed in this office on April 15, 2013.

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: October 03, 2013

Business ID: 1102912 Express Certificate Number: 2013291231001

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