M1300006884

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



300252752873

10/16/13--01020--008 **160.00

2013 OCT 31 AM II: OT Secretary of State Secretary of State CR2E027 (9/10)

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: MACWEAR 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: |
| DEBRAL SANDERS Name of Person |
| MACWEAR LLC Firm/Company |
| 3300 Post Rd |
| South at Ct 06890 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| TAMES MCALEAVEY at (203) 579-4277 Name of Person Area Code & Daytime Telephone Number |
| MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\Begin{array} c c c c c c c c c c c c c c c c c c c |



October 17, 2013

DEBRA SANDERS 3300 POST ROAD SOUTHPORT, CT 06890

SUBJECT: MACWEAR LLC Ref. Number: W13000057755

We have received your document for MACWEAR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 813A00024313

www.sunbiz.org

D O DOM 000 B 11 1 000

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 ILLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | *OREIG | N |
|--|-------------|----------|
| | | |
| 1. MACWEAR 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi Company," "L.L.C," "LLC.") | | √ |
| 2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) | _ | · |
| 4. 12/10/99 Date of Organization) 5. 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) | - 281 | |
| 7. MACWEAR LLC 3000 Post Rd | 13 OCT (| <u> </u> |
| Sorthport Ct 06890 (Street Address of Principal Office) | 31 AM | CED |
| 8. If limited liability company is a manager-managed company, check here | II: 01 | |
| 9. The name and usual business addresses of the managing members or managers are as follows: DEBLA L SAWGERS MEM BER JAMES M' ALEAVEY M. | E S. | |
| DEBRAL SANDERS MEMBER JAMES M'ALEAUBY PR. 3300 Post Rd Southport Ct 06890 | _ | |
| u | | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly 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 foreign language, translation of the certificate under oath of the translator must be submitted.) | | in |
| 11. Nature of business or purposes to be conducted or promoted in Florida: AHITELIC SOLESTERING. | _ | |
| AHLEFIC SAIFS+Cqvipmt | · | |
| 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.) | | |
| TAMES M'ALEAUEY Typed or printed name of signee | | |
| 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 the Limited Liability Company is: | |
|--|--|
| If unavailable, the alternate to be used in the state of Florida is: | |

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

GOON CONGRESS' AVE UNIT 130

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

DELRAY BEACH FL 33445

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)

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

MACWEAR LLC

a domestic limited liability company, were filed in this office on December 10, 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: October 15, 2013

Business ID: 0637246 Express Certificate Number: 2013301129001

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