# M1400000320

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

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W13-50477

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2013

LAURA DUDA 65 BANK ST. NEW MILFORD, CT 06776

SUBJECT: MADSTAR MOBILE, LLC

Ref. Number: W13000050477

We have received your document for MADSTAR MOBILE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 913A000214727

2014 JAN 14 AM 11: 57

#### **COVER LETTER**

TO:

TO:		tion Section of Corporations									
SUBJE	ECT:	Madstar Mobile	LLC								
			Name	of Limited L	iability Com	ıpar	ıy		-		
The en Exister	closed "Ap	pplication by Forei eck are submitted	gn Limited Liability to register the abov	y Company f e referenced	or Authoriza foreign limit	atio ted	n to Tra liabilit	ansact Business in y company to tran	ı Florida," ( sact busine	Certifica ss in Fl	ate of orida
Please	return all c	orrespondence co	ncerning this matter	to the follow	ving:						
	_			Laura (	Duda						
				Name of	Person						
	_			Madstar Me	bile LLC						
				Firm/Co	mpany			7,0			
				65 Bar	ık St						
				Addr	ess				<del></del>		
	_			New Milford	S CT 06776	3					
			(	City/State and	l Zip Code			\ <u>-</u>			
				latory@mad							
For fur	ther inform		-mail address: (to b		ture annual i	repo	ort noti	fication)	ALL SHA	2014 JAN 1 4	
		Laura Duda		at (_	855	_) _	623	-7827			garant.
		Name of	Person		Area Code		Daytin	ne Telephone Nu	mber	3	
	Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314	R С 2	TREET AD Division of Co Legistration S Clifton Buildi 661 Executiv allahassee, F	orporations ection ng re Center Cir	rcle			STATE LORIDA	AM 11: 57	pought.
Enclos			llowing amount:  \$130.00 Filing For Certificate of Sta		155.00 Filin Certified Cop		ee &	□ \$160.00 Filir of Status & 6			

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If no	and an arrival for the second for th	•	C -1	<b>-</b> .
conse	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attacent of the managers or managing members adopting the alternate name. The alternate name must include pany," "L.L.C," "LLC.")	h a copy "Limited	of the Liabi	written lity
2	Delaware 3. 45-3142612			
	risdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)			<b>-</b>
4				_
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5	65 Bank St			_
	New Milford CT 06776			_
	(Street Address of Principal Office)			
6	65 Bank St			-
	New Milford CT 06776	own4	20	
	(Mailing Address)		7	-
7. 1	The name, title or capacity and address of the person(s) who has/have authority to mana	ge is/ar	Æ	Same of the last o
D	avid Pearsall CEO 38 E Woods Roxbury, CT 06783	%-22 	£	entaless.
		<u> </u>	*	- [ ]
			=	
		53	57	
O A4			1 6	_
	ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havir jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fo			
	ation of the certificate under oath of the translator must be submitted.)	reign zu	guage,	а
	The same of the sa			
	Signature of an authorized person			
	(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation un	der the		
	penalties of perjury that the facts stated herein are true. I am aware that any false information submided for in a State constitutes a third degree falony as provided for in a State			

Typed or printed name of signee

**David Pearsall** 

## 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.

If unavailable, t	he alternate to be used in the	e state of Florida is:		
2. The name an	d the Florida street address	of the registered agent and office are:		
	NRAI Services,	, Inc.		
		(Name)	<b>-</b> ,	
	1200 South Pir	<u> </u>	2014 J	
	Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	JAN	**************************************
	Diantation	<sub>FL</sub> 33324	1985 1-	***************************************
	Plantation	FL JJJZ4	213 223	_ 11
	Fiantation	FL OSOZ-7 City/State/Zip	EFED.	

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)
Victor Alfano, Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Take

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "MADSTAR MOBILE 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 TWENTY-SIXTH DAY OF DECEMBER, A.D. 2013.

2014 JAN 14 AM 11: 57

5028908 8300

131477602

AUTHE

AUTHENT CATION: 1014744

DATE: 12-26-13

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