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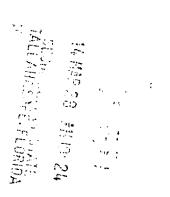
(Requestor's Name)	
(Address)	
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(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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Office Use Only



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J. Stavers APR 0 1 2014



461 Danbury Road • New Milford, CT 06776 Office: (860) 350-1041 • Fax: (860) 350-8242 • www.malkincpa.com

March 24, 2014

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find my application for my foreign LLC to register to do business in Florida.

Also, enclosed is my check for \$125.00 to cover the filing and registered agent fee.

Sincerely,

lak A Malkin CPA

Enclosures MAM/ilt

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Malkin & Daigle, LL	
Name of I	Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter t	to the following:
Mark A. Malkin	
	Name of Person
Malkin & Daigle, L	LC
	Firm/Company
8805 Tamiami Tra	ail #258
	Address
Naples, FL 34108	8
	City/State and Zip Code
mark@malkincpa.	.com
3	be used for future annual report notification)
For further information concerning this matter, please ca	all:
Mark A. Malkin	at (860) 350-1041
Name of Contact Person	Area Code Daytime Telephone Number
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Registration Section Registration Section Registration Registration Section Registration Re	ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301
Enclosed is a check for the following amount: \$\Boxed{\textbf{S}} \\$125.00 \text{ Filing Fee} \Boxed{\text{S}} \\$130.00 \text{ Filing Fee} \text{Certificate of Stat}	e & \$\square\$\$ \$155.00 Filing Fee & \$\square\$\$ \$160.00 Filing Fee, Certificate

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 name unavailable, enter alternate name adopted for the purpose of transacting business in Liability Company," "L.L.C," or "LLC.")		rnate name mu	ist inclu	ıde "Limit
Connecticut 3. 45-2455497				
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)			,
_{ı.} n/a				
(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine per	gistration.) nalty liability)			
4234 Longshore Way N	,		- Anna	
Naples, FL 34119		22.7	- 	
(Street Address of Principal Office)		120 T	-:	•
8805 Tamiami Trail #258				١
Naples, FL 34108		<u> </u>	ر. در.	•
(Mailing Address)				
7. The name, title or capacity and address of the person(s) who has/ha	ave authority	to manage	e is/ar	e:
7. The name, title or capacity and address of the person(s) who has/hamark A. Malkin - Managing Member	ave authority	to manage	e is/ar	e:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/hamark A. Malkin - Managing Member 4234 Longshore Way N Naples, FL 34119	ave authority	to manage	e is/ar	e:

Mark A. Malkin

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Malkin & Daigle, LLC

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

Malkin & Daigle, LLC Certified Public Accountants

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

Mark A. Mal	kin	No.
	(Name)	
4234 Longs	hore Way N	W. 25
Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	
Naples	FL 34119	Alfa Riloa
	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 605, 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

MALKIN & DAIGLE, LLC

a domestic limited liability company, were filed in this office on June 07, 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 22, 2014

Certificate Number: 2014083844001

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

Standard