# M14000007267

(Re	questor's Name)	
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PICK-UP	WAIT .	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE TALLAHASSEE, FLORIBA

B. BOSTICK OCT - 8 2014

EXAMINER

Harold M. Cleary
"Hank Cleary Associates,LLC"
1198 New Britain Avenue
West Hartford, CT 06110
860-231-7023
notclancy47@aol.com

October 3, 2014

Per: Florida Department of State Letter Number 514A00019475

Subject: Hank Cleary Associates LLC, Ref. Number W14-000055530

Dear Ms. Bostick,

Regarding your letter of September 11, 2014 (copy enclosed) and my "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" (revised copy enclosed), submitted on September 22, 2014, I am writing to request that you accept a revised version of this document.

When I phoned your office earlier today to check on the status of my application, my conversation with your associate "Tammy" revealed that I had misunderstood the intent of Item/Line 4. of the application.

My purpose is to establish my company as a Florida entity in order to properly conduct business <u>after</u> the date of this application. Accordingly, and per Tammy's instructions, I have edited, <u>initialed and dated that line on the original document.</u>

Thank you for your understanding. If you require any additional information please contact me at the above phone number or e-mail address.

Hank Cleary

SECRETARY OF STATE

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: H	ANK C	L EARY	4550	CIATES ability Company	LLC		CLT
The enclosed "Appli Existence, and check		gn Limited Liabil	lity Company	for Authorization			
Please return all corr	espondence co	ncerning this mat	ter to the foll	owing;			
	HANK	LLEAR	24				
	<u> </u>		Name	of Person		<del> </del>	•
	HANK	CLEAR	24 A Firm/0	2550CIA 1 Company	ES,	LLC	,
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	Jes:	1100-6	AC	Idress	0111	. 744.4	•
<u> </u>	1231	HAMLIFE	City/State a	and Zip Code	06110	-441	
	NOT	E-mail address: (	to be used for	future annual report i			_
For further informati	on concerning	this matter, please	call:				
HANK	CLEAR	Contact Person	at	(860)	231 7	023	<del>-</del>
	Name of	Contact Person		Area Code	Daytime Tele	phone Number	
	ADDRESS: Corporations		STREET A	DDRESS: Corporations		SE	
Registration	Section		Registration			LA SE	
P.O. Box 63			Clifton Buil			3	
Tallahassee	, FL 32314		Tallahassee	tive Center Circle , FL 32301		SET I	<u> </u>
Enclosed is a che	ck for the fol	llowing amoun	t: 1			17 (C)	ט 📇
□ \$125.00		\$130.00 Filing Certificate of S	Fee &	\$155.00 Filing Fee Certified Copy		0.00 Filing Fee, C tatus & Certified	
pleas	ic see	· perso.	wal l	letter a	Huche	d	

### 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:

1	HANK C. Name of Foreign Limited	LEARY Q Liability Company;	SSOCIATE must include "Limited	Liability Company," "L.L.C.,"	or "LLC.")	<del></del>
FLOR	IDA HANK	PLEARY .	446			
(If name unava	ilable, enter alternate nar any," "L.L.C," or "LLC.	te adopted for the pu	rpose of transacting bu	siness in Florida. The alternate	name must inc	lude "Limited
2. <b>Co</b>	NNECTICU	<b>-</b>	3			
(Jurisdiction company is	under the law of which i	oreign limited liabilit	ty	(FEI number, if appl	licable)	
4. <i>-4</i>	CTOBER 1	297				
	(1	Date first transacted be sections 605.0904 &	usiness in Florida, if pr 605.0905, F.S. to deter	rior to registration.) rmine penalty liability)		<del></del>
5.						
			KINIC DI	188 HADTKODZ	) AT 1	9/1/0.7164
_//7	8 NEW DA	(Stre	et Address of Principal	ST HARTKORI Office)	, -, 0	<u>6170</u> -2-77
6.						
				····	<del></del>	<del></del>
1/98	NEW BR	STAIN AL	KINE, WE	T HARTERD,	at ob	10-244/
			(Mailing Address)			
7. The nar	ne, title or capacity	and address of	the person(s) who	o has/have authority to	manage, is/a	re:
400	E (HAROLD	M.) CLEA	RH OUT	JED.	LCA EGR	= - TI
	•		•		7.35	
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WZJ	HAPLI FORES	, 61	06110-28	<del>-7/</del>	F S T	<del>+-</del>
8. Attached	is an original cert	ficate of existen	nce, no more than	90 days old, duly authe	enticated by	the official
having cust	ody of records in t	ne jurisdiction u	inder the law of w	hich it is organized. (A	photocopy	is not
-		in a foreign lan	guage, a translation	on of the certificate und	ler oath of t	he translator
must be sul	omitted)	- K1 /				
		1112	1/10			
		19400	Un .			
(In accordance v	rith section 605 0203 F.S.		ture of an authoriz	zed person rmation under the penalties of perj	ury that the facts	stated herein are true.
am aware that ar	y false information submitte	ed in a document to the	Department of State cons	titutes a third degree felony as prov	vided for in s.817	.155, F.S.)
	H	AROLD M	1. CLEARY	Th.		
		Typed o	r 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:
HANK CLEARY ASSOCIATES LLC
If unavailable, the alternate to be used in the state of Florida is:
FLORIDA HANK CLEARY LLC
2. The name and the Florida street address of the registered agent and office are:
HANK CLEARY (ASSOCIATES) (Name)
4634 PLAIRIE POINT BOULEVARD Florida Street Address (P.O. Box NOT ACCEPTABLE)
KISSIMMEE FL 34746 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.  ALLAHASSETARY  (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

#### HANK CLEARY ASSOCIATES, LLC

a domestic limited liability company, were filed in this office on August 28, 1996.

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: September 22, 2014

SECRETARY OF STATE

Business ID: 0543332 Express Certificate Number: 2014270732001

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2014

HANK CLEARY 1198 NEW BRITNIN AVENUE WEST HARTFORD, CT 06110-2441

SUBJECT: HANK CLEARY ASSOCIATES, LLC

Ref. Number: W14000055530

We have received your document for HANK CLEARY ASSOCIATES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 514A00019475

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2014

HANK CLEARY 1198 NEW BRITNIN AVENUE WEST HARTFORD, CT 06110-2441

SUBJECT: HANK CLEARY ASSOCIATES, LLC

Ref. Number: W14000055530

We have received your document for HANK CLEARY ASSOCIATES, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,248.75.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 714A00020973

SEGRETARY OF STATE