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SEGRETARY OF STATE
TALLAHASSEE, FI GRADE

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Martine	ez Couch & Associates	s, LLC	
			o Transact Business in Florida," Certificate of ability company to transact business in Florida
Please return all corresp	pondence concerning this mat	tter to the following:	
Rich	nard Couch		
		Name of Person	
Mari	tinez Couch & Associa	ites, LLC	
		Firm/Company	
1084	4 Cromwell Avenue		
		Address	
Roc	ky Hill, CT 06067	City/State and Zip Code	
recou	uch@martinezcouch.c E-mail address:	OM (to be used for future annual report n	otification)
For further information	concerning this matter, pleas	e call:	
Ariel Marti	nez	at (860) 4	36-4364
 -	Name of Contact Person	Area Code	Daytime Telephone Number
MAILING A) Division of Co Registration So P.O. Box 6327 Tallahassee, F	orporations ection 7	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check ☐ \$125.00 Fil	for the following amounting Fee \$\square\$ \$\square\$ \$130.00 Filing Certificate of \$\square\$	Fee & \$155.00 Filing Fee	& a \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Martinez Couch & Associates, 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. The alternate Liability Company," "L.L.C," or "LLC.")	e name must ir	nclude "Limited
2. Connecticut 3. 06-1554807		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if app	licable)	
4. <u>NA</u>		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 1084 Cromwell Avenue		
Rocky Hill, CT 06067		
(Street Address of Principal Office)		
6. 1084 Cromwell Avenue		
Rocky Hill, CT 06067		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/	/are:
• • • • • • • • • • • • • • • • • • • •	A 50	15
Richard Couch - Member, 1084 Cromwell Avenue, Rocky Hill, CT 06067	\$50 €	<u> </u>
A. Rafael Martinez - Member, 1084 Cromwell Avenue, Rocky Hill, CT 06067		₹
	77 = 7	
		X ; ; ;
	(C) .	J many
8. Attached is an original certificate of existence, no more than 90 days old, duly authorating custody of records in the jurisdiction under the law of which it is organized. (A		-
acceptable. If the certificate is in a foreign language, a translation of the certificate und		•
must be submitted)	ici oatii oi	the translator
and from		
Signature of an authorized person		
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjum aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	ury that the fact vided for in s.81	s stated herein are true 7.155, F.S.)
Richard Couch		
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:		
Martinez C	ouch & Associates, LLC	·		
If unavailable	e, the alternate to be used	in the state of Florida is:		
2. The name	and the Florida street add	lress of the registered agent and office ar	e:	
	Corporation Service	Company		
		(Name)		
	1201 Hays Street		—————————————————————————————————————	
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	, (- <u>)</u>	ī Ē
	Tallahassee	FL 32301	HASH	7. (A.)
		City/State/Zip	1338 10 X	T .
liability comp registered ago statutes relati	oany at the place designate ent and agree to act in this ing to the proper and comp	and to accept service of process for the a d in this certificate, I hereby accept the ap capacity. I further agree to comply with olete performance of my duties, and I am J registered agent as provided for in Chap	ppoint men t as the provisions familiar with a	of all nd
		(Signature)		

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

\$ 5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (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

MARTINEZ COUCH & ASSOCIATES L.L.C.

a domestic limited liability company, were filed in this office on June 17, 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: January 22, 2015

SEGRETARY OF STATE
AND AGREE TO SERVE THE SEGRETARY OF STATE

SEGR

Business ID: 0623636 Standard Certificate Number: 2015022593001

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