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COVER LETTER

TO: Registration Section Division of Corporations

Mark P. Finlay Interiors, LLC

SUBJECT: _

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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:

١.

Stephanie Palmieri Name of Person Mark P. Finlay Interiors Firm/Company 96 Old Post Rd Suite 200 Address Southport, CT 06890 City/State and Zip Code accounting@markfinlay.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanie Palmieri 203 254-2388 at (Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations **Division of Corporations Registration Section Registration Section** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2015

STEPHANIE PALMIERI MARK P FINLAY INTERIORS 96 OLD POST RD - STE 200 SOUTHPORT, CT 06890

SUBJECT: MARK P. FINLAY INTERIORS LLC Ref. Number: W15000055452

We have received your document for MARK P. FINLAY INTERIORS 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 815A00017507

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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	Mark	Ρ.	Finla	/ Interi	ors, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter a Liability Company," "L.L.C	Ilternate name adopted for the purpose ," or "LLC.")	oftra	nsacting business in Florida.	. The alternate name	must include "L	imited	
2. Connecticut		3.	45-2561870				
	v of which foreign limited liability	<i></i> ,	(FEI nun	nber, if applicable)		-	
4. 08/10/2015							
	(Date first transacted business (See sections 605.0904 & 605.0	in Fl 905, 1	orida, if prior to registration 7.S. to determine penalty lia	n.) ability)			
5. Mark P. Finlay Interio	Drs						
96 Old Post Rd Suite	200					_ .	
	(Street Address of Pr	incipa	al Office)		SE	UT -	_
6. 96 Old Post Rd Suite 2	200				<u> </u>	AUG	
Southport, CT 06890					ETAF	626	ANALALA ALALASTI A
· · · · · · · · · · · · · · · · · · ·	(Mailing Ac	idress)		1		11
7. Name and street addre	ss of Florida registered agent: (P.C	Bo:	<pre>NOT_acceptable)</pre>			PH 3	0
Name:	Stephanie Palmieri	<u> </u>			LOR	3: 43	
Office Address:	940 Cape Marco Drive Unit PH2	5 03			ORIDA		
	Marco Island		. Florida	34145			
	(City)		, ,	(Zip code)			

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Mark Finlay, Owner

96 Old Post Rd Suite 200

Southport, CT 06890

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203.(1) (b), Florida Statutes. 1 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.

Mark Finlay

Typed or printed name of signee

1

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

MARK P. FINLAY INTERIORS LLC

a domestic limited liability company, were filed in this office on June 16, 2011.

1

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.

Shenk

Secretary of the State

Date Issued: August 12, 2015