# M15000007174

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2015 SEP -9 AN IO: 15
SEGNETARY OF STATE
TALLAHASSEE FLORID.

SEP 10 2015 J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	Sightlines, LLC ECT:				
	Name of Limite	ed Liability Company			
		or Authorization to Transact Business in Florida," Certificate of foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning this matter to the follow	ving:			
	Christine Kokoszka				
	Name o	f Person			
	Sightlines, LLC				
Firm/Company					
	405 Church Street				
Address					
	Guilford, CT 06437				
	City/State and Zip Code				
	accounting@sightlinesllc.com				
	E-mail address: (to be used for f	uture annual report notification)			
For fur	rther information concerning this matter, please call:				
	Christine Kokoszka	203 682-4995			
	Name of Contact Person	Area Code Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclose		\$155.00 Filing Fee & \$\square\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 SEP -9 PM 2: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 20, 2015

CHRISTINE KOKOSZKA 405 CHURCH STREET GUILFORD, CT 06437

SUBJECT: SIGHTLINES, LLC Ref. Number: W15000055865

2015 SEP -9 AM IO: 15

We have received your document for SIGHTLINES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P05000024231.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 615A00017662

# 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:

Sightlines, LLC	sign Limited Liability Company: must include	e "Limited Liability Company," "L.L.C.," or "	H.C.
et			
f name unavailable, enter al ability Company," "L.L.C,"	ternate name adopted for the purpose of trans	sacting business in Florida. The alternate name	e must include "Limited
Connecticut		06-1594910	
Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
2/1/2015			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
405 Church Street	,		
Guilford, CT 06437			
	(Street Address of Principal	Office)	750 20
405 Church Street			SP SP
Guilford, CT 06437			<b>エローフ</b>
	(Mailing Address)		SSE O D
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	FE CON
Name: NRAI Services, Inc.			
Office Address:	1200 South Pine Island Road		इन ज
	Plantation	, Florida <u>33324</u>	
	(City)	, Florida(Zip code)	
s application, I hereby of th the provisions of all s	accept the appointment as registered ag statutes relative to the proper and compl tion as registered agent.	rocess for the above stated corporation of ent and agree to act in this capacity. I file lete performance of my duties, and I am Nicole Chouir	urther agree to comply
	(Registered ager	nt's signature)	
The name, title or capa	city and address of the person(s) who has	s/have authority to manage is/are:	
nief Financial Officer			
5 Church Street, Guilfor	rd, CT 06437	<del> </del>	
	of which it is organized. (If the certificate abmitted)	duly authenticated by the official having ce is in a foreign language, a translation of	
	Signature of an aut		
is document is executed mitted in a document to	in accordance with section 605.0203 (1) the Department of State constitutes a third	(b), Florida Statutes. I am aware that any rd degree felony as provided for in s.817.	false information 155, F.S.
	Michael J. Agli		

Typed or printed name of signee

### 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

#### SIGHTLINES, LLC

a domestic limited liability company, were filed in this office on September 27, 2000.

ecords of this office such.

Control of this office such. 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: June 12, 20

Certificate Number: 2015161489001 Business ID: 0662235 **Express** 

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