

MIS000007466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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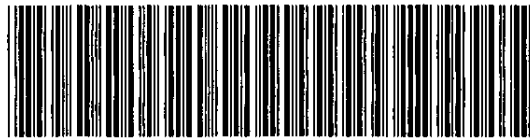
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 SEP 18 PM 3:54
CLERK OF DISTRICT COURT
FALL ARIZONA, ARIZONA

N. Culligan SEP 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M48415 LLC
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:

Libby Millar
Name of Person

M48415 LLC
Firm/Company

163 Brushy Hill Road
Address

Newtown CT 06470
City/State and Zip Code

libby@toplineadmin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Libby Millar at (203) 451-1582
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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 SEP 18 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 2, 2015

LIBBY MILLAR
163 BRUSHY HILL ROAD
NEWTOWN, CT 06470

SUBJECT: M48415 LLC
Ref. Number: W15000058176

We have received your document for M48415 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), Authorized Person (AP), or Authorized Representative (AR).

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 915A00018525

*Inserted as requested,
They are Authorized
Persons.*

*RJS,
Libby Miller*

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. M48415 LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 61-1698455
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 13, 2015
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7892 Fisher Island Drive
Miami Beach FL 33109
(Street Address of Principal Office)

6. 67 Glover Avenue
Norwalk CT 06850
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Barry M. Brant
Office Address: 200 S Biscayne Blvd, 6th Floor
Miami, Florida 33131-5360
(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.

Barry M. Brant
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

James K. Neff 7892 Fisher Island Drive, Miami Beach FL 33109
Carmit P. Neff 7892 Fisher Island Drive, Miami Beach FL 33109

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)

James K. Neff
(Signature of an authorized person)

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

James K. Neff
Typed or printed name of signer

FILED
2015 SEP 18 PM 3:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M48415 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5249052 8300

151029291

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2540520

DATE: 07-09-15