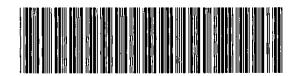
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May 5, 2016

IL SAGNO PB LLC PO BOX 1410 GREENWICH, CT 06836

SUBJECT: IL SAGNO PB LLC Ref. Number: W16000033214

We have received your document for IL SAGNO PB LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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.

Letter Number: 916A00009484

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

ro: Registration Section Division of Corporations
SUBJECT: TI Sogno PB 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:
Janet Vargas Name of Person
II Sogno PB LLC Firm/Company
PO BOX 1410
Address Greenwich, CT Olog 36 City/State and Zip Code
City/State and Zip Code NVendors & Zona Z.F. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janet Varaas at (203) 485-7937 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy S160.00 Filing Fee, Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 605.0902, FLORIDA STATUTES, ISINESS IN THE STATE OF FLORIDA		UBMITTED TO REGISTER A F	OREIGN LIMITED LIABILITY
I II Soa	no PB LLC			
(Name of Fod	ign Limited Liability Company; mus	st include "Limited Liah	ility Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	of transacting business	in Florida. The alternate name	e must include "Limited
2. Delawar	C	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4	(Date first transacted husine	ss in Florida, if prior to	registration)	
5	(Date first transacted busine (See sections 605,0904 & 605, 20 Church S	0905, F.S. to determine	penalty liability)	
	Hartford, C	T 06103		
6	(Buset Address of I	Tinopai Ottice)		
	(Mailing A	Address)		
7. Name and street address	s of Florida registered agent: (P.	-	· ·	
Name:	<u>Corporation</u> S	ervice Con	1pany	
Office Address:	1201 Hays St	-		The comb
	Tallahassee	·	, Florida 32301	
Registered agent's accept	(City)		(Zip code)	五四 三
Having been named as res	gistered agent and to accept serv tion, I hereby accept the appoint	ice of process for the	above stated limited liabili	ity company on the place
to complywith the provision	ons of all statutes relative to the j	ment as registered ag proper and complete	performance of my duties,	and I am familiar withhind
accept the obligations of n	ny position as registered agent.	_ / /		6 7 75 1
	Sassan Caste	ered agent's signature)	Securous -	RED. 52
8 The name title or cana	city and address of the person(s)	,	tre to manage inform	1>
	as Authorized Per		ty to manage is/are.	
PO Box 191		, <u>, , , , , , , , , , , , , , , , , , </u>		
Greanwich C7	-			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days of which it is organized. (If the ce	ys old, duly authentice rtificate is in a foreign	ated by the official having con language, a translation of t	ustody of records in the the certificate under oath
		of an authorized person		
This document is evenued	in accordance with section 605.0	\mathcal{C}	tabitas I am airmes that	folga information
submitted in a document to	the Department of State constitut	tes a third degree felor	ny as provided for in s.817.1	155, F.S.
,	Janet Var	rinted name of signee		
	r Abea or br	Treed traine of Signer		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IL SOGNO PB 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IL SOGNO PB LLC"

WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2012.

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

5252939 8300

SR# 20162573848

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

Jeffrey W. Sullock, Secretary of State

Authentication: 202212216

Date: 04-26-16