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	ration Section on of Corporation	s "			
SUBJECT:	THE	VOPA (2ROUP	11C	
	, , ,			ted Liability Comp	any
					o Transact Business in Florida," Certificate of ability company to transact business in Florida.
Please return all	correspondence c	oncerning this mat	ter to the follo	owing:	
	,	FRANK	Vozz	0	
			Name	of Person	
		THE	VOPA	CROP LI	L(
			Firm/	Company	
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			City/State	and Zip Code	
	-	Frank E-mail address:	O THE	Val A CROS	, COM rt notification)
For further infor	rmation concerning	`			
		. 1			
	FRANK	Vorzo	at	(203)	876-9990
	Name o	f Contact Person		Area Code	Daytime Telephone Number
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Divi Regi Cliff 266	REET ADDRESS: ision of Corporations istration Section ton Building I Executive Center Circle
				Falls	ahassee, FL 32301
	eck for the follow 5.00 Filing Fee	ing amount: \$\Boxed{\Omega} \\$130.00 \text{ Filing} Certificate of Sta		\$155.00 Filing Fee ertified Copy	e & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	CTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO USINESS IN THE STATE OF FLORIDA:	OREIGN LIMITED LIABILITY
1. Name of Fore	cign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	Ilternate name adopted for the purpose of transacting business in Florida. The alternate name	must include "Limited
2 COMMENTA	110 0010	6
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5	CASADE BLUD	
	TOND CT OGYGO (Street Address of Principal Office) BLACKBEANY LN	T-11_ED
	ELTON, CT OCY8Y (Mailing Address)	7 JM -4 PH 3:51
	(Mailing Address) <u>ss</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	PH 3:
Name:	DONOTHY H. MULVIHILL #	5
Office Address:	2427 PARSIDESTIAL WAY UNIT 401	• •
	WEST PALE BLACH, Florida 3340/ (City) (Zip code)	
designated in this applica to complywith the provisi		capacity. I further agree
	acity and address of the person(s) who has/have authority to manage is/are: 20, MEMBEN, 28 BLICKBIANY LN, SHELTO	w, cT 06484
		
	of existence, no more than 90 days old, duly authenticated by the official having of of which it is organized. (If the certificate is in a foreign language, a translation of tubmitted)	
,	Signature of an authorized person	
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any to the Department of State constitutes a third degree felony as provided for in s.817.1	false information 55, F.S.
	Toxak Vozzo 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

THE VOPA GROUP LLC

a domestic limited liability company, were filed in this office on April 15, 2013.

Articles of amendment for VOPA CONSTRUCTION LLC, changing its name to THE VOPA GROUP LLC, were filed on December 13, 2013.

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

in Menk

Date Issued: December 27, 2016

Business ID: 1102770 Standard Certificate Number: 2016389076001

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