

M1700003576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

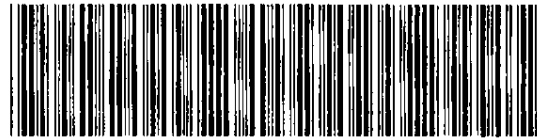
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

2980 W17-28833

Office Use Only



100297361121

04/03/17--01027--008 **125.00

APR 13 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR -3 PM 1:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2017

WILLIAM SMITH
4041 PINE RUN CIRCLE
ST AUGUSTINE, FL 32086

SUBJECT: 18 SAINT GEORGE ST, LLC
Ref. Number: W17000028833

We have received your document for 18 SAINT GEORGE ST, 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):

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 817A00006506

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR -3 PM 1:25

2017 APR 13 AM 11:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 18 SAINT GEORGE ST, 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:

WILLIAM SMITH
Name of Person

Firm/Company

4041 PINE RUN CIRCLE
Address

ST. AUGUSTINE FL 32086
City/State and Zip Code

WKSMTTH@AUG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM SMITH at (904) 540-2877
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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FL
17 APR -3 PM 1:25

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. 18 SAINT GEORGE ST, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." 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. STATE OF CONNECTICUT 3. 81-3376778
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 70 ESSEX STREET 2ND FLOOR
MYSTIC CT 06355
(Street Address of Principal Office)

6. P.O. Box 188
WEST MYSTIC CT 06388
(Mailing Address)

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

Name: WILLIAM SMITH
Office Address: 4041 PINE KUM CIRCLE
ST AUGUSTINE, Florida 32086
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

[Signature]
(Registered agent's signature)

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

BRIAN NAUERO (AMBR)
70 ESSEX STREET 2ND FLOOR
MYSTIC CT 06355

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]
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.

BRIAN NAUERO
Typed or printed name of signer

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR -3 PM 1:25

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

18 SAINT GEORGE ST, LLC

a domestic limited liability company, were filed in this office on July 28, 2016.

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: March 15, 2017

SECRETARY OF THE STATE
OFFICE OF THE SECRETARY OF THE STATE
17 APR -3 PM 1:25

6. MANAGER OR MEMBER INFORMATION - REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)

NAME / TITLE : BRIAN NAVARRO / MEMBER		RESIDENCE ADDRESS	
BUSINESS ADDRESS		ADDRESS: 70 ESSEX STREET, 2ND FLOOR	
ADDRESS: 70 ESSEX STREET, 2ND FLOOR		CITY: MYSTIC	
CITY: MYSTIC	STATE: CT	STATE: CT	ZIP: 06355
ZIP: 06355	COUNTRY:	COUNTRY:	

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES:

☐ MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE.")

DEBBIE@GREYLOCKINVESTMENTS.COM

9. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT) (This document has been executed and filed electronically)

DATED THIS 28 DAY OF July, 2016

NAME OF ORGANIZER (print/type)	SIGNATURE (required)
BRIAN NAVARRO	BRIAN NAVARRO

FILED
SECRETARY OF STATE
HALLAMSBURG, CT 06480
17 APR -3 PM 1:25



SECRETARY OF THE STATE OF CONNECTICUT

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)

NAME: BROWN PAINDIRIS & SCOTT, LLP

ADDRESS: 2252 MAIN STREET

CITY: GLASTONBURY

STATE: CT

ZIP: 06033

COUNTRY:

FILING #0005616462 PG 1 OF 2
VOL B- 02223 PAGE 3333
FILED ON 07/28/2016 09:43 AM
CONNECTICUT SECRETARY OF THE STATE

1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E LLC, L.L.C., ETC.)
18 SAINT GEORGE ST, LLC

2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:
TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY IN WHICH A LIMITED LIABILITY COMPANY MAY BE FORMED UNDER THE CONNECTICUT LIMITED LIABILITY COMPANY ACT.

3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS.

ADDRESS: 70 ESSEX STREET, 2ND FLOOR

CITY: MYSTIC

STATE: CT

ZIP: 06355

COUNTRY:

4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS

ADDRESS: P.O. BOX 188

CITY: WEST MYSTIC

STATE: CT

ZIP: 06388

COUNTRY:

5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)

☒ **A. IF AGENT IS AN INDIVIDUAL.**

PRINT OR TYPE FULL LEGAL NAME:

BRIAN NAVARRO

BUSINESS ADDRESS
(P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"

ADDRESS: 70 ESSEX STREET, 2ND FLOOR

CITY: MYSTIC

STATE: CT

ZIP: 06355

COUNTRY:

CONNECTICUT RESIDENCE ADDRESS
(P.O. BOX NOT ACCEPTABLE)

ADDRESS: 70 ESSEX STREET, 2ND FLOOR

CITY: MYSTIC

STATE: CT

ZIP: 06355

COUNTRY:

SIGNATURE ACCEPTING APPOINTMENT: [This document has been executed and filed electronically]

BRIAN NAVARRO

☐ **B. IF AGENT IS A BUSINESS:**

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CT BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE)

ADDRESS: NONE

CITY:

STATE:

ZIP:

COUNTRY:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT: [This document has been executed and filed electronically]

PRINT NAME & TITLE OF PERSON SIGNING:

FILED
STATE
SECRETARY OF THE
CLERK
7 APR -3 PM 1:25