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#### **COVER LETTER**

	gistration Section vision of Corporation	ıs							
SUBJECT:	BoatTEST.Com, LL	С							
Name of Limited Liability Company									
		eign Limited Liability Compa d to register the above refere							
Please return	n all correspondence o	concerning this matter to the f	following:						
	Georgiann Coo	ccia							
	Name of Person								
	BoatTEST.com	BoarTEST.com, LLC							
	Firm/Company								
	51 Bank Street,	51 Bank Street, Suite 2a							
	Address								
	Stamford, CT 0	Stamford, CT 06901							
		City/St	ate and Zip Code	<del></del> -	, · · .	,			
	Georgiann@boat	TEST.com							
		E-mail address: (to be used	for future annual	report noti	fication)	,			
For further i	information concernin	g this matter, please call:							
Ge	eorgiann Coloccia		203 at (	323-990	0 ext 405				
·	Name o	of Contact Person	Area Code	Day	time Telephone Number				
Di <sup>.</sup> Re P.(	AILING ADDRESS: vision of Corporations egistration Section O. Box 6327 dlahassee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301				
	a check for the follow \$125.00 Filing Fee	ring amount:  \$\sum_{\text{S}} \frac{1}{3} \frac{1}{3} \frac{1}{3} \frac{1}{3} \text{O.00 Filing Fee & Certificate of Status}	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co				



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2017

GEORGIANN COOCCIA 51 BANK STREET, SUITE 2A STAMFORD, CT 06901

SUBJECT: BOATTEST.COM, LLC Ref. Number: W17000032058

We have received your document for BOATTEST.COM, 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), AuthorizedPerson (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.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00007151

## 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 RUSINESS IN THE STATE OF FLORIDA:

1. BoatTEST.com, LLC	SSIVESS IN THE STATE OF FLORIDA:			
(Name of Fore	eign Limited Liability Company; must	t include "Limited Liab	ility Company," "L.L.C.," o	r "LLC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose "or "LLC.")		in Florida. The alternate na	me must include "Limited
2. Connecticut		3. 06-1583014		
company is organized)	of which foreign limited liability	<del>, , , , , , , , , , , , , , , , , , , </del>	(FEI number, if applicable	<del>)</del>
4. March 1, 2017				_
	(Date first transacted busines (See sections 605.0904 & 605.0	is in Florida, if prior to 1905, F.S. to determine	registration.) penalty liability)	
5. 51 Bank Street, Suite 2	2A			_
Stamford, CT 06901				
	(Street Address of P	rincipal Office)		_
6. 51 Bank Street, Suite 2.	A		<del></del>	$-\frac{Z_{\odot}}{Z_{\odot}}$
Stamford, CT 06901				
	(Mailing A	(ddress)		
7. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT accepts	ıble)	
Name:	URS Agent, LLC		-	景 臺 河
Office Address:	3458 Lakeshore Drive			
	Tallahassee		Florida 32312	(A)
	(City)		(Zip code)	_
designated in this applica to complywith the provisi	rgistered agent and to accept servition, I hereby accept the appoint ions of all statutes relative to the p my position as registered agent.	ment as registered ag	gent and agree to act in t	his capacity. I further agree
	(Registe	ered agent's signature)		<del></del>
8. The name, title or caps Geoffrey Hammond -	acity and address of the person(s)	who has/have authori	ity to manage is/are:	
51 Bank Street, Suite 2A				
Stamford, CT 06901				<del></del>
			n language, a translation	
	d in accordance with section 605.0 o the Department of State constitu			
	Georgiann Coloccia			

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

### BOATTEST.COM, LLC

a domestic limited liability company, were filed in this office on February 16, 2000.

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: April 04, 2017

Business ID: 0643839 Express Certificate Number: 2017109668001

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