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SECRETARY OF STATE
TALLAHASSEC FLORIDA

7 OCT 10 AN IO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2017

LAURA CASEY 848 S MAIN STREET BEACON FALLS, CT 06403 US

SUBJECT: SAFECON SOLUTIONS LLC

Ref. Number: W17000076718

We have received your document for SAFECON SOLUTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 317A00019482

www.sunbiz.org

District Co. All D.O. DOV COOT TO D. L. FILL 1 0001

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Safe Con Solutions 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:
Laura Casey
Name of Person
Sate Con Solutions LLC
Firm/Company
848 S Main Street
Address
Beacon Falls CT 06403
Casey & safeconsolutions · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laura Casey at (203) 828-7259 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: \$\Boxed{\text{S125.00 Filing Fee}} \text{\$\begin{array}{c} \text{\$\frac{1}{2}\$} \$\

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

IN COMPLIANCE WITH SECTION (C COMPANY TO TRANSACT BUSINESS	5 0002, FLORIDA STATUTES, TH IN THE STATE OF ELORIDA	IE FOLLOWING IS SUBAI	TITED TO REGISTER A FO	ORFIGN' LIMITED LIA	1811.711
SateCon	Solutions	LLC			
SAFE CEN	Liability Company, must include "Li	united Liability Company,"	T.I.C. "or T.I.C.")		,
(If name unavailable, enter alternate name adopte	of far the purpose of transacting business i	in Florida. The alternate name init	st meltute "Lumited Liability Comp	pany " "L. C." or "H.C. "	
2. Connecticus (Jurisdiction under the law of which foreign	l limited hability company is organized)	. 3. <u>26^L</u>	1472044 (FEI number, of applie	-	
1. HONE YE	T / N/A		() (.) Adda. (,) 414m	into g	
949 S M 2 (Dai	c first transacted business in Florida, if pric sections 605 0904 & 605 0905, F.S. to de-	or to registration) remaine penalty liability)		20	1
5. 0 18 3 11 Qui	Street	6	(Mailing Address)		3
beacon falls	<u>t</u> CT		· · · · · · · · · · · · · · · · · · ·	8	
<u> </u>	3				
7. Name and street address of Flo	rida registered agent: (P.O. F	Box <u>NOT</u> acceptable)		7 70	,
Name:	aura Casey			# W	
Office Address: 330	20 West Cro	wn Pointe	Blvd Unit	102 2	l
	Naples		rida <u>34112</u>		,
Registered agent's acceptance: Having been named as registered devenued in this application. Th	(City)		(zip cade)		
designated in this application, 1 h to comply with the provisions of a and accept the obligations of my p	ll statutes relative to the arm	et as registered agent a ger and complete perfa	** ** ** *** ** ** * * * * * * * * * * *		i i
 The name, title or capacity and <u>Title or Capacity</u>: 	address of the person(s) who				
PRINCIPY!	Name and Address:	Title or Capa	rity: Name	and Address:	
QU'NYR-	Laura Casey 3,360 west Crawn	Pointe Blud,			
	Naples, FL 34112	- Unit 1		<u>- 골급 용</u>	
				SSA T I	77
					<u>—</u>
Use attachments if necessary)				2.7	
Attached is a certificate of existe irisdiction under the law of which if the translator must be submitted)	ILIS Organized, (II the certific	d, duly authenticated by ate is in a foreign lang	y the official having cus uage, a translation of the	tody of cords Str e certificate under o	- ne ath
0. This document is executed in ac	cordance with section 605.02	(0) (V) (b), Florida Stat	utes. I am aware that an	y false information	
abmitted in a document to the Dep	action of State constitutes a	introldegree telony as p	provided for in s.817-15.	5, F.S.	
 -	Signan	ure of an authorized Jerson			
	LAURA C	LUSEY ASEY			
	Tured	nt orinsed name of suggest			

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

SAFECON SOLUTIONS, LLC

a domestic limited liability company, were filed in this office on March 03, 2009.

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: July 31, 2017

Business ID: 0964700 Standard Certificate Number: 2017237441001

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