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(Re	questor's Name)
(Ad	idress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

Registration Section

TO:

	Name of	Limited Liability (Company			
				ansact Business in Florida," (y company to transact busine		
eturn all correspondence	concerning this matter to the	following:				
Lisa Lajoie						
	N	ame of Person				
M & L Southe	rn Properties LLC					
	Firm/Company					
372 Kensingto	n Road					
	Address					
Southington, C	T 06489					
	City/S	tate and Zip Code				
lisamlajoie@gn —						
	E-mail address: (to be use	d for future annual	report no	tification)		
her information concerni	ng this matter, please call:					
Lisa Lajoie		860 at (628-20 _)	96		
Name	of Contact Person	Area Code	Day	rtime Telephone Number		
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, F1, 32314			Division Registrat Clifton B 2661 Exc	ecutive Center Circle		
diameter, control of			Tallahass	see, FL 32301		
d is a check for the follov S125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee &	□ \$155.00 Filir	o Fee &	□ \$160.00 Filing Fee, Cer	tificate	

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN AMITTED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COI	JPANYTO TRANSACT BU	SINESS .	NTHE STATE OF FLORIDA:						
1. <u>-</u>	M & L SOUTHERN P				771 1 0 N ALCO 2				
	(Name of Foreign	Limited I.	nability Company; must include "Limited	Liability C	ompany, "T. L.C.," or "LLC.")				
(H na	me unavailable, enter alternate n	ame adopte	d for the purpose of transacting business in Flori	da. The alten	nate name must include "Limited Liab	orlity Company," "L. L. C." or "L.L.C.")			
	onnecticut			3					
	(Jurisdiction under the law of w	hich foreign	lumited liability company is organized)		(Fist numb	er, if applicable)			
4.						i			
_		(Date (Sec	first transacted business in Florida, if prior to resections 605,0904 & 605,0905, F.S. to determine	gistration) c penalty liab	olity)				
5. ·	372 KENSINGTON ROAD			6. N	6. NONE				
(Street Address of Print SOUTHINGTON, CT, 0		-	•		(Mailing Address)				
-	SOUTHINGTON, CT.		<u> </u>	_					
-			· · · · · · · · · · · · · · · · · · ·	_					
~ ``		e e	-ididd	MOTE					
7. F	Name and <u>street addres</u>		rida registered agent: (P.O. Box	NOT acc	reptable)				
	Name:	Angel	ine P. McCormack		_				
	Office Address:	2055 \$	Southeast 27th Terrace						
	•	Cape	Coral		. Florida 33904 (Zip code				
		Cape	(City)		Florida				
and	accept the obligation	s of my	position as registered agent.	<u> </u>	1				
			Angeline P. Mc	gnature)	ick)				
D.	Th					74. SE			
٥.	Title or Capacity:	icny and	address of the person(s) who has Name and Address:		nority to manage is/are:	Name Mid Ad Gess:			
	MEMBER		LISA LAJOIE						
		-	372 KENSINGTON ROAD			- 6 2 5			
			SOUTHINGTON, CT, 06489						
		-			<u> </u>	<u> </u>			
(Us	e attachments if neces	sary)							
9. A	ttached is a certificate	of exist	ence, no more than 90 days old, d	uly authe	nticated by the official ha	ving custody of records in the			
juris	sdiction under the law ne translator must be s	of which	it is organized. (If the certificate	is in a fo	reign language, a translati	on of the certificate under oath			
10.	This document is evec	uted in a	oppordance With section 605.0203	(1)/b) F	Torida Statutes. Lam awar	e that any false information			
			partment of State constitutes a thir						
			h Italia	0 04	h . a				
		7	Signature o	i an authorize	ed person				
			1						

Typed or printed name of signee

Lisa Lajoie, Member

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

M & L SOUTHERN PROPERTIES LLC

a domestic limited liability company, were filed in this office on February 03, 2017.

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: October 02, 2017

Business ID: 1229179 Express Certificate Number: 2017298061001

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