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(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:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: MARKY, 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:
MARK W VALENT! Name of Person
Name of Person
MARKY LLC
Firm/Company
MARKY, LLC Firm/Company 223 CLARK ST. #802 Address
Address
MILLPALE, CT 06467 City/State and Zip Code
City/State and Zip Code
markwyalent; @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK VA(ENT) at 860 604-4747 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: Status Status

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

(Name of Foreign	Limited Liability Company; must include "Lin	mited Liability Company," "L.L.C.," or "LLC.")	
	and a destant for the suppose of transactions business in	n Florida. The alternate name must include "Limited Lia	hility Cormens " "I I C " or "I I C "
CONVERT	A C 1 T	3. 45-5288081	omy company, muc, or mon,
(Jurisdiction under the law of w	which foreign limited liability company is organized)	3. 15 3 2 7 808 1 (FEI numb	oer, if applicable)
16.10			
- NONE /R	9NSACTED TO DATE (Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to det	or to registration.)	
/	(See sections 605.0904 & 605.0905, F.S. to det		
Street Address of	Principal Office)	6. 223 CLACK S (Mailing Add	ress)
MANCHESTE	R CT 06042	x807	
		MICOALE, CT	06467 =
			ES 8 7
Name and street addre	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	
		 . ,	一 一 「
Name:	MARK VACENTI		新。宝
Office Address:	1253 JONAH DR		700 6
	NORTH PORT	, Florida 3428	19 题言
	(City)	, Florida, (Zip cod	
ignated in this applications applications in the provision of the provision is the provision of the provisio	ation, I hereby accept the appointmen	of process for the above stated limited nt as registered agent and agree to act per and complete performance of my	in this capacity. I further
signated in this application comply with the provis	ntion, I hereby accept the appointment ions of all statutes relative to the pro	nt as registered agent and agree to act per and complete performance of my	in this capacity. I further
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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

MARKV, LLC

a domestic limited liability company, were filed in this office on April 27, 2012.

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 Whenk

Date Issued: November 27, 2017

Business ID: 1069946 Standard Certificate Number: 2017350913001

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