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Florida Department of State

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Foreign Limited Liability Company C GIGLIA CONSULTING LLC

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S. WARREN DEC 2 2 2017

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 TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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Company is organized	fname unavailable, enter a ability Company," "L L.C	Aternate name adopted for the purpose of transacting bu ," or "LLC.")	isiness in Fiorida. The alternate name i	nust metude Linned
(Authorized to make the law of which foreign limited hability (FEI number, if applicable) company is organized) N/A (Date first transacted besiness in Florida, if prior to registration.) (See sections 605,0004 & 605,0005, F.S. to determine penalty liability) 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607 (Street Address of Principal Office) (Mailing Address) (Mailing Address) Name: Northwest Registered agent: (P.O. Box NOT acceptable) Name: Office Address: 3030 N. ROCKY Point Dr. STE 150A Tampa (City) (Cip code) Authorized agent's acceptance: Inviting been named as registered agent and to accept service of process for the above stated limited liability company at the plicasignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complying the proper and complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties in a foreign language, a translation of the certificate under the tan	NEW YORK	3 N/A		
(Date first transacted business in Florida, if prior to registration). (See sections 60.5094 & 605.0905, F.S. to determine penalty liability) 3030 N. ROCKY POINT DR. STE 150A, TAMPA, FL. 33607 (Succession of Principal Office) 3030 N. ROCKY POINT DR. STE 150A, TAMPA, FL. 33607 (Mailing Address) Name: Northwest Registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent, LLC. Office Address: 3030 N. ROCKY Point Dr. STE 150A Tampa Florida 33607 (City) (C	Jurisdiction under the law	of which foreign limited hability	(FEI number, if applicable)	
(Sucet Address of Principal Office) (Sucet Address of Principal Office) (Sucet Address of Principal Office) (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Northwest Registered Agent, LLC. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa Florida 33507 (City) (Zip code) registered agent's acceptance: (Zip code) registered agent's acceptance: (Zip code) registered agent and to accept service of process for the above stated limited liability company at the placestynated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a comply the obligations of my position as registered agent. (Registered agent's signature) (Registered agent. (Registered agent)	N/A	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to dete	ior to registration.)	
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Typed or printed name of signee

MORGAN NOBLE

State of New York Department of State

} ss:

I hereby certify, that C GIGLIA CONSULTING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/01/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of December two thousand and seventeen.

Brendan W. Fitzgerali

Executive Deputy Secretary of State

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