M1800004438

(Rec	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
name W18.	·\$2197	

Office Use Only



700312913657

MAY -4 M 8 41
8 MAY -4 M 8 41

71 th 23 h - 188 3108

O SIMMONS MAY 0 9 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2018

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: THE PROFESSIONALS, LLC

Ref. Number: W18000042197



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

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P93000027997.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III Registration Section

Letter Number: 018A00009355

use keep original file.
When you!

www.sunbiz.org

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/4/18

NAME:

THE PROFESSIONALS, LLC

TYPE OF FILING: APPLICATION

COST:

160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	18		
UBJECT:	The Professionals, I			
			Limited Liability Company	
The enclosed Existence, ar	d "Application by For nd check are submitte	reign Limited Liability Comp d to register the above refere	pany for Authorization to Transcend foreign limited liability	ansact Business in Florida," Certificate of company to transact business in Florid
Please return	all correspondence o	concerning this matter to the	following:	
	Harry J. Azano			
		N	ame of Person	
	The Profession	als, LLC		
		Fi	rm/Company	
	19 Tuttle Place			
			Address	
	Middletown, C	T 06457		
	***************************************	City/S	tate and Zip Code	•
	HAZANO@ISG	SECURITY.COM		
		E-mail address: (to be used	d for future annual report not	rification)
For further in	nformation concernin	g this matter, please call:		
Ha	irry J. Azano		866 393-44 at ()	74
	Name o	of Contact Person		time Telephone Number
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314		Division Registrat Clifton B 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 BUSINESS IN THE STATE OF FLORIDA:

Connecticut (Jurisdiction under the law of			alternate name must include "Limited Lial	
(Jurisdiction under the law of		3.	30-0267376	
	which foreign limited liability company is organized)			per, if applicable)
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to c	rior to registration	n.)	
19 Tuttle Place	(19 Tuttle Place	
(Street Address o	f Principal Office)	٥.	(Mailing Add	ress)
Middletown, CT 064	57		Middletown, CT 06457	T. (5)
				下京 主 意
Name and street addr	ess of Florida registered agent: (P.O.	Box NOT	accentable)	· 原
			•	
Name:	Florida Filing and Search S	ervices in	<u>c.</u>	0
Office Address:	155 Office Plaza Drive			
• • • • • • • • • • • • • • • • • • • •				5140 -
iving been named as a signated in this applic comply with the provi	Tallahassee (City) (City) registered agent and to accept service ration, I hereby accept the appointment isions of all statutes relative to the pr ms of my position as registered agent	ent as regist oper and co	ered agent and agree to act	liability company at the p in this capacity. I further
signated in this applic comply with the provi	(City) Explance: The property of the control of t	ent as regist oper and co t.	(Zip cod for the above stated limited tered agent and agree to act implete performance of my (liability company at the p in this capacity. I further
aving been named as a signated in this applic comply with the provi	(City) Explance: The property of the control of t	ent as regist oper and co	(Zip cod for the above stated limited tered agent and agree to act implete performance of my (liability company at the p in this capacity. I further
aving been named as a signated in this applic comply with the providuced accept the obligation	(City) Explance: The property of the control of t	ent as regist oper and co d. gent's signature) tho has/have	(Zip cod for the above stated limited tered agent and agree to act implete performance of my o	liability company at the p in this capacity. I further
aving been named as a signated in this applic comply with the provid accept the obligation. The name, title or ca	coptance: registered agent and to accept service reation, I hereby accept the appointment sions of all statutes relative to the pr ns of my position as registered agent (Registered a	ent as regist oper and co d. gent's signature) tho has/have	for the above stated limited tered agent and agree to act amplete performance of my a authority to manage is/are:	l liability company at the p in this capacity. I further duties, and I am familiar v
aving been named as a signated in this applic comply with the provid accept the obligation. The name, title or ca	ptance: registered agent and to accept service sation, I hereby accept the appointme sions of all statutes relative to the pr ms of my position as registered agent (Registered a pacity and address of the person(s) where we have a service of the person of	ent as regist oper and co d. gent's signature) tho has/have	for the above stated limited tered agent and agree to act amplete performance of my a authority to manage is/are:	l liability company at the p in this capacity. I further duties, and I am familiar v
aving been named as a signated in this applic comply with the provid accept the obligation. The name, title or ca Title or Capacity:	ptance: registered agent and to accept service sation, I hereby accept the appointme sions of all statutes relative to the pr ms of my position as registered agent (Registered a pacity and address of the person(s) when the preson of the person of the per	ent as regist oper and co d. gent's signature) tho has/have	for the above stated limited tered agent and agree to act amplete performance of my a authority to manage is/are:	l liability company at the p in this capacity. I further duties, and I am familiar v
aving been named as signated in this applic comply with the provid accept the obligation. The name, title or cae Title or Capacity: Managing Member	ptance: registered agent and to accept service registered agent and to accept service registered agent and to accept service registered agent attention of all statutes relative to the pr resions of my position as registered agent (Registered a pacity and address of the person(s) where and Address: John McKenna 19 Tuttle Place Middletown, CT 06457	ent as regist oper and co d. gent's signature) tho has/have	for the above stated limited tered agent and agree to act amplete performance of my a authority to manage is/are:	l liability company at the p in this capacity. I further duties, and I am familiar v
aving been named as a signated in this applic comply with the provid accept the obligation. The name, title or ca Title or Capacity:	ptance: registered agent and to accept service ration, I hereby accept the appointme sions of all statutes relative to the pr ns of my position as registered agent (Registered a pacity and address of the person(s) where we have a service and address: John McKenna 19 Tuttle Place Middletown, CT 06457 Harry J. Azano	ent as regist oper and co d. gent's signature) tho has/have	for the above stated limited tered agent and agree to act amplete performance of my a authority to manage is/are:	l liability company at the p in this capacity. I further duties, and I am familiar v
aving been named as a signated in this applic comply with the provid accept the obligation. The name, title or can a Title or Capacity: Managing Member	ptance: registered agent and to accept service registered agent and to accept service registered agent and to accept service registered agent attention of all statutes relative to the pr resions of my position as registered agent (Registered a pacity and address of the person(s) where and Address: John McKenna 19 Tuttle Place Middletown, CT 06457	ent as regist oper and co d. gent's signature) tho has/have	for the above stated limited tered agent and agree to act amplete performance of my a authority to manage is/are:	l liability company at the p in this capacity. I further duties, and I am familiar v

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

THE PROFESSIONALS, LLC

a domestic limited liability company, were filed in this office on December 20, 2001.

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 Menk

Date Issued: May 04, 2018

Business ID: 0699911 Standard Certificate Number: 2018223311001

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