MBOODSOI

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

Office Use Only



800315502568

07/05/18--01021--005 **125.00

TILED 311 JUL - 5 A 5:09

11/1/1000

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 7/5/2018			₩IJ	VALK IN
ENTITY NAME	TJ CHASSE ENTERPRISES, LLC	31	<u> </u>	
		これは		1
DOCUMENT NUMB	BER	المئين	ا درا	
	PLEASE FILE THE ATTACHED AND RETURN	i Edico.	5: 09	U
XXXX	Plaix Copy			
	Certified Copy			
· · · · · · · · · · · · · · · · · · ·	Certificate of Status			
	Certified Copy of Arts & Amendments			
	Certificate of Good Standing			_
	APOSTILLE' / NOTARIAL CERTIFICATION			
COUNTRY OF DEST				
NUMBER OF CERTI	FICATES REQUESTED			
TOTAL OWED\$	125.00 CHECK # 5013			
Please call Tina	at the above number for any issues or concerns. Than	rk yoa.	so much	;/

COVER LETTER

NUR IEAT.	TI CHASSE ENTERPRISES LLC						
SUBJECT:	Name of Li	mited Liability Co	mpany				
The enclosed Existence, ar	I "Application by Foreign Limited Liability Compaid check are submitted to register the above referen	ny for Authorizatio ced foreign limited	on to Transac I liability co	ct Business in mpany to trans	Florida," (act busine	Certificate ess in Flori	of da.
lease return	all correspondence concerning this matter to the fo	illowing:					
	JOHN CHASSE				15.4	84.00 64.00 C-3	
	Nan	ne of Person			7.	JEJ	
	TJ CHASSE ENTERPRISES LLC				MAROJ	ا دا	T
	Fire	n√Company	 -	- <u>-</u>	:	 >>	Ī
	671 MERIDEN WATERBURY TPK				C. T. G.C.	יי רָיִ	(
	A Proposition of Contract of C	Address			<u> </u>	09	
	SOUTHINGTON, CT 06489						
	City/St	ate and Zip Code	<u></u>				
	john@tjchasseenterprises.com						
	E-mail address: (to be used	for future annual	report notific	cation)			
For further	information concerning this mutter, please call:						
K	athy Clark c/o URS Agents, LLC	800 at (567-4397				
_	Name of Contact Person	Area Code	Daytin	nc Telephone	Number		
D R P.	INITING ADDRESS: ivision of Corporations egistration Section O. Box 6327 altahassee, FL 32314		Registration	Corporations Section Iding Stive Center Ci	ıcic		
Enclosed i	s a check for the following amount: I \$125.00 Filing Fee	\$155.00 Filin Centified Copy	ip Fee &	□ \$160.00 Fil of Status & Co	ing Fee, C raified Co	Certificate ppy	

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATLITES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF PLORIDA:

ame crus pilable, enen alternate ici	and adopted for the purpose of transacting historics	in Florida The sh	ernate name must include "Limited Lish	ilay Company	." "t. 1. C." e	r "LLC.")
ONNECTICUT	•		82-0996988			
Unardiction under the law of wh	ich toreign limited liability company is organized)	J.	(FE) numb	er, if applicab	ke)	
	(Date first transacted business in Florida, if p (See sections 605 0904 & 603 0903, F.S. to	nor to regulitation. tetermine privalty l) rability')			
671 Meriden Waterbur			671 Meriden Waterbury Ti	'ΚΕ		
(Street Address of	hincipal Office)	-	(Mailing Addi	rest)	-	
Southington, CT 06489)		Southington, CT 06489		<u> </u>	<u> </u>
		,			<u>\.</u>	
					\$ -	<u> </u>
Name and street address	is of Florida registered agent: (P.O	Box <u>NOT</u> a	ecceptable)		113000	47
	URS AGENTS, LLC				1.	
Name:					·	\triangleright
Office Address:	3458 LAKESHORE DRIVE				-	رب
	TALLAHASSEE		. Florida 32312 (Zipeoc		?	(2)
	(City)		, Prorida(Zip cos	le)	٠٠.	Ω
signated in this applica comply with the provis	nance: Igistered agent and to accept service Ition, I hereby accept the appointm ions of all statutes relative to the p is of my position as registered agen	ent as registi roper and co it.	mplete performance of my	duties, at		
signated in this application of the control of the	uion, I hereby accept the appointnions of all statutes relative to the ps of my position as registered agen	ent as registi roper and co it.	mplete performance of my	duties, at		
esignated in this applica comply with the provis and accept the obligation	uion, I hereby accept the appointmions of all statutes relative to the ps. of my position as registered agentical acceptances.	roper and co	mplete performance of my	duties, at		
esignated in this applicate comply with the provising accept the obligation of the name, title or cap	ion, I hereby accept the appointmions of all statutes relative to the ps of my position as registered agenticated agenticates and address of the person(s) when the person is the person	roper and co it. Kai agent's ognature) who has/have	mplete performance of my	duties, ar		amillar w
esignated in this applicate comply with the provising accept the obligation. The name, title or cap Title or Capacity:	ion, I hereby accept the appointmins of all statutes relative to the person of my position as registered agent (Repuered acity and address of the person(s) where and Address:	roper and co it. Kai agent's ognature) who has/have	mplete performance of my metha Bishop, Assistant Sec authority to manage is/arc:	duties, ar	id I am f	amillar w
signated in this applica comply with the provis ad accept the obligation . The name, title or cap	acity and address of the person(s) v Name and Address: TRACY A. CHASSE 671 Meriden Waterbury	rent as register roper and co it. Kanagem's sepaster) who has/have	mplete performance of my metha Bishop, Assistant Sec authority to manage is/arc:	duties, ar	id I am f	amillar w
signated in this applica comply with the provis d accept the obligation The name, title or cap Title or Capacity:	ion, I hereby accept the appointmins of all statutes relative to the person of my position as registered agent (Repuered acity and address of the person(s) where and Address:	rent as register roper and co it. Kanagem's sepaster) who has/have	mplete performance of my metha Bishop, Assistant Sec authority to manage is/arc:	duties, ar	id I am f	amillar w
signated in this applica comply with the provis d accept the obligation The name, title or cap Title or Capacity:	acity and address of the person(s) v Name and Address: TRACY A. CHASSE 671 Meriden Waterbury	rent as register roper and co it. Kanagem's sepaster) who has/have	mplete performance of my metha Bishop, Assistant Sec authority to manage is/arc:	duties, ar	id I am f	amillar w
signated in this applicationally with the provision accept the obligation. The name, title or capatity:	acity and address of the person(s) v Name and Address: TRACY A. CHASSE 671 Meriden Waterbury	rent as register roper and co it. Kanagem's sepaster) who has/have	mplete performance of my metha Bishop, Assistant Sec authority to manage is/arc:	duties, ar	id I am f	amillar w
signated in this applicationally with the provised accept the obligation. The name, title or capatitle or Capatitle or Capatitle. OWNER	acity and address of the person(s) when and Address: TRACY A. CHASSE 671 Meriden Waterbury Southington, CT 06489	rent as register roper and co it. Kanagem's sepaster) who has/have	mplete performance of my metha Bishop, Assistant Sec authority to manage is/arc:	duties, ar	id I am f	amillar w
signated in this applicationally with the provision accept the obligation. The name, title or caparities or Caparity: OWNER	ion, I hereby accept the appointmions of all statutes relative to the p is of my position as registered agentative and address of the person(s) warme and Address: TRACY A. CHASSE 671 Meriden Waterbury Southington, CT 06489	roper and co it. Kan agent's segment) who has/have Ti	mplete performance of my metha Bishop, Assistant Sec authority to manage is/are: itle or Capacity:	Name	and Add	antillar w
esignated in this application comply with the provising accept the obligation. The name, title or capatite or Capatite. OWNER Use attachments if neces	acity and address of the person(s) warms and Address: TRACY A. CHASSE 671 Meriden Waterbury Southington, CT 06489 ssary) e of existence, no more than 90 day of which it is organized. (If the cer	roper and co it. Kau agent's segment) who has/have Ti	mplete performance of my metha Bishop, Assistant Sec authority to manage is/are: itle or Capacity:	Name	and Add	lress:
esignated in this applicate comply with the provisand accept the obligation. The name, title or eap Title or Capacity: OWNER Use attachments if nece. Attached is a certificate trisdiction under the law if the translator must be	acity and address of the person(s) when and Address: TRACY A. CHASSE 671 Meriden Waterbury Southington, CT 06489 ssary) e of existence, no more than 90 day of which it is organized. (If the cersulation accordance with section 60)	s old, duly au tificate is in a	mplete performance of my metha Bishop, Assistant Sec authority to manage is/are: itle or Capacity: whenticated by the official has foreign language, a translation.), Florida Statutes, I am away	Name Name aving cus stion of the	and Add	dress:
Signated in this applicate comply with the provised accept the obligation. The name, title or capable or Capable. OWNER Use attachments if neces. Attached is a certificate trisdiction under the law if the translator must be	acity and address of the person(s) when and Address: TRACY A. CHASSE 671 Meriden Waterbury Southington, CT 06489 ssary) e of existence, no more than 90 day of which it is organized. (If the cersulation accordance with section 60)	s old, duly au tificate is in a	mplete performance of my metha Bishop, Assistant Sec authority to manage is/are: itle or Capacity: whenticated by the official has foreign language, a translation.), Florida Statutes, I am away	Name Name aving cus stion of the	and Add	dress:
Signated in this applicate comply with the provised accept the obligation. The name, title or capable or Capable. OWNER Use attachments if neces. Attached is a certificate trisdiction under the law if the translator must be	acity and address of the person(s) when and Address: TRACY A. CHASSE 671 Meriden Waterbury Southington, CT 06489 ssary) e of existence, no more than 90 day of which it is organized. (If the cersulations of all status of the person (s) which it is organized. (If the cersulations)	s old, duly au tificate is in a	mplete performance of my metha Bishop, Assistant Sec authority to manage is/are: itle or Capacity: whenticated by the official has foreign language, a translation.), Florida Statutes, I am away	Name Name aving cus stion of the	and Add	dress:
esignated in this applicate comply with the provisand accept the obligation. The name, title or eap Title or Capacity: OWNER Use attachments if nece. Attached is a certificate trisdiction under the law if the translator must be	acity and address of the person(s) warms and Address: TRACY A. CHASSE 671 Meriden Waterbury Southington, CT 06489 ssary) e of existence, no more than 90 day of which it is organized. (If the cersulmitted) cuted in accordance with section 60 to the Department of State constitute.	s old, duly au tificate is in a	mplete performance of my metha Bishop, Assistant Sec authority to manage is/are: itle or Capacity: Athenticated by the official ha foreign language, a translation of the following sprovided for incree felony as provided felony as provi	Name Name aving cus stion of the	and Add	dress:
esignated in this applicate comply with the provisand accept the obligation. The name, title or capable or Capable. OWNER Use attachments if neces. Attached is a certificate trisdiction under the law if the translator must be	acity and address of the person(s) warms and Address: TRACY A. CHASSE 671 Meriden Waterbury Southington, CT 06489 ssary) e of existence, no more than 90 day of which it is organized. (If the cersulmitted) cuted in accordance with section 60 to the Department of State constitute.	s old, duly autificate is in a	mplete performance of my metha Bishop, Assistant Sec authority to manage is/are: itle or Capacity: Athenticated by the official ha foreign language, a translation of the following sprovided for incree felony as provided felony as provi	Name Name aving cus stion of the	and Add	dress:

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

TJ CHASSE ENTERPRISES LLC

a domestic limited liability company, were filed in this office on March 25, 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

in Menk

Date Issued: July 03, 2018

2011 JUL -5 A 5 0

Business ID: 1233992 Express Certificate Number: 2018277547001

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