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SECRETARY OF JUNE DIVISION OF CURRENTATION

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COVER LETTER

TO:	Registration Section Division of Corporati	ons		•		
SUBJE	MENDES GROUI	P OF NEW ENGLAND LLC				
			Limited Liability	Company	···	
The en Exister	closed "Application by Force, and check are submit	oreign Limited Liability Conted to register the above refe	ipany for Authoriz renced foreign lim	ation to T ited liabili	ransact Business in Florida." ty company to transact busir	Certificate of ness in Florida,
Please	return all correspondence	concerning this matter to the	e following:			
	Rania A. Solii	man, Esq.				
			Name of Person		 	
	Soliman Law					
		F	Firm/Company	<u></u>		
	415 Montgom	ery Road, Suite 141				
			Address		_	
	Altamonte Spi	rings, Florida 32714				
	<u></u>	City/S	State and Zip Code			
	ranias@soliman	law.com				
		E-mail address: (to be use	d for future annua	l report no	tification)	
For furt	her information concerni	ng this matter, please call:				
	Rania Soliman		407 at (637-54		
	Name	of Contact Person	Area Code	Da;	ytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	S		Division Registra Clifton F 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
Enclose	d is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Cop.	rtificate v

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:

	gn Limited Liability Company; must include "Limite		
	e name adopted for the purpose of transacting business in Flo		ibility Company," "L.L.C," or "LLC,")
2. Connecticut Oursaliction under the law of	which foreign limited liability company is organized)	3. 82-5334300	3
(Substitution and Control law to	which direign minied hability company is organized)	(FEI num	ber, if applicable)
4. <u>N/A</u>			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty hability)	
5. 22 Bradley Avenue		6. 22 Bradley Avenue	
	of Principal Office)	(Mailing Add	
Waterbury, Connection	cut 06/08	Waterbury, Connecticut 06	
		**	
			16 ₩ <u>\$</u>
7. Name and street addr	ess of Florida registered agent: (P.O. Box	NOT acceptable)	유 50 1
Name:	Rania A. Soliman, Esq.		
Office Addition	415 Montgomery Road, Suite 141		ज होसू
Office Address:	775 Hongomery Road, State 141		고 생각
	Altamonte Springs	Florida 32714	전 3 / A. 전 3 / A. PH I2:
Registered agent's acce	(City)	(Zip cod	<u>⊌</u>
tesignated in this applic to comply with the provi	registered agent and to accept service of pation, I hereby accept the appointment as isions of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to act	in this capacity. I further nor
tesignated in this applic o comply with the provi and accept the obligatio	sation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's a	s registered agent and agree to act and complete performance of my agrature)	in this capacity. I further agree
tesignated in this applic o comply with the provi and accept the obligatio	sation, I hereby accept the appointment as issues of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to act and complete performance of my agrature)	in this capacity. I further agree
tesignated in this applic to comply with the provi and accept the obligation. 8. The name, title or cap	sation, I hereby accept the appointment as isons of all statutes relative to the proper as of my position as registered agent. (Registered agent's a pacity and address of the person(s) who ha	s registered agent and agree to act and complete performance of my agrature) s/have authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
tesignated in this applicate comply with the provisind accept the obligation accept the obligation. 8. The name, title or capacity:	pation, I hereby accept the appointment assions of all statutes relative to the proper ins of my position as registered agent. (Registered agent's a pacity and address of the person(s) who ha Name and Address: Ricardo Mendes 22 Bradley Avenus 2	s registered agent and agree to act and complete performance of my agrature) s/have authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
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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

MENDES GROUP OF NEW ENGLAND LLC

a domestic limited liability company, were filed in this office on April 25, 2018.

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: October 03, 2018

Business ID: 1271264 Express Certificate Number: 2018349547001

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