# M18000010065

(Req	uestor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations					
SUBJE	TOP QUALITY PAIN	TING & REMODELING,	LLC			
30001.	CT:	Name of L	imited Liability (	Company		
The encl Existence	losed "Application by Foreig be, and check are submitted to	n Limited Liability Compa o register the above referen	any for Authorizanced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida.
Please re	eturn all correspondence con	cerning this matter to the f	ollowing:			
	FABIO F SILVA					
	<del></del>	Na	me of Person	·		
	TOP QUALITY P	AINTING & REMODEL	ING. LLC			
		Fir	m/Company	<u></u>		
	941 GRAPE LAN	E				
		<u>,</u>	Address			
	SAINT JOHNS I	°L 32259				
		City/Sta	nte and Zip Code			
	TOPQUALITYLLO	@SBCGLOBAL.NET				
	E	-mail address: (to be used	for future annual	report noti	fication)	
For furth	ner information concerning th	nis matter, please call:				
	FABIO F SILVA		203	233-96.	35	
	Name of C	Contact Person	Area Code	Dayt	ime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section wilding cutive Center Circle ee, FL 32301	·
Enclosed		amount: 1\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee. Ce of Status & Certified Cop	

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

IN COMPILANCE 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:

TOP QUALITY PAIN	TING & REMODELING, LLC			
(Name of Foreign	Limited Liability Company, must include "Limited	d Liability Company," "L.L.C.," or "LLC.")		
76				
	name adopted for the purpose of transacting business in Flor		nility Company," "L.E.C," or "LLC.	.")
2. STATE OF CONNECT	hich foreign limited liability company is organized)	3. 20-3574558 (FEI numb	er, if applicable)	
N114		·	, ,,	
4. <u>N/A</u>	(Date first transacted business in Florida, if prior to	egistration		
	(See sections 605 0904 & 605 0905, F.S. to determine	ne penalty liability)		
5. 941 GRAPE LANE (Street Address of		6. 941 GRAPE LANE		
SAINT JOHNS FL 32	•	(Mailing Addi SAINT JOHNS FL 32259	ress)	
0.11.17.70.11.13.12.32		3AIN 1 3O11N3 1 L 32237		
<del></del>			<del></del>	
			-+ PO	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	29	
Name:	FABIO F SILVA		<u>. 3</u>	
0.77	941 GRAPE LANE		بب	
Office Address:	741 GRATE LAND	<del></del>	Ċ)	
	SAINT JOHNS	, Florida 32259 (Zip code	<b>.</b>	. •
Registered agent's accep	(City)	(Zip code	<del>:)</del>	
	(Registered agent's s	ignature)		
8. The name, title or caps Title or Capacity:	acity and address of the person(s) who ha Name and Address:	s/have authority to manage is/are: Title or Capacity:	Name and Address:	
MEMBER/MGR	FABIO F SILVA		· <u> </u>	
<del></del>	941 GRAPE LANE			
	SAINT JOHNS FL 32259	•		
<del> </del>		<del></del>	· · · · · · · · · · · · · · · · · · ·	
		•		
(Use attachments if neces	sary)			
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be so</li> </ol>	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	duly authenticated by the official hat is in a foreign language, a translati	ving custody of records in on of the certificate unde	n the er oath
10. This document is exec submitted in a document to	uted in accordance with section 605.0202 the Department of State constitutes a hi	(1) (b). Florida Statutes, I am award degree felony as provided for in s	e that any false informations.817.155, F.S.	on
	Signature	of an authorized person	<del></del>	
	EADIO E SH WA			
	FABIO F SILVA	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

#### TOP QUALITY PAINTING & REMODELING, LLC

a domestic limited liability company, were filed in this office on September 23, 2005.

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

Menk

Date Issued: October 23, 2018

Business ID: 0834898 Standard Certificate Number: 2018361861001

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