Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011

Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Project A LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,596.25

Electronic Filing Menu Corporate Filing Menu

Help

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To: 18506176383 From: 12143052508 Date: 01/07/19 Time: 12:47 PM Page: 05/05
To: 12143174754 From: +Restricted Date: 01/04/19 Time: 3:02 PM Page: 01
850-617-6381 1/4/2019 6:02:43 PM PAGE 1/001 Fax Server



January 4, 2019

FLORIDA DEPARTMENT OF STATE

LEGALING CORPORATE SERVICES INC. Division of Corporations

SUBJECT: PROJECT A, LLC

REF: W19000000872

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $(850)\ 245-6050$.

Valerie Herring Regulatory Specialist III FAX Aud. #: H18000366491 Letter Number: 819A00000212

2019 JAN - 7 P

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APPLICATION BY FO	DREIGN LIMITED LIABIL	ITY COMPANY FO IN FLORIDA	R AUTHORIZA	ATION TO TRANSA	ACT BUSINESS
COMPANYTOTRANSACTE	THON 605.0902, FLORIDA STATUT NINESS IN THE STATE OF FLORI	TES, THE POLLOWING IS TDA:	S.B.MT199) TO I	REGISTER A FOREKIN	UMITED LIABILITY
1. PROJECT A, LLC (Neite of Footign	Company; must be	hale "Limited Liability Con-	pasy," "L.UC.," or	T1Z7)	
PROJECT A FLO		•			
(If reme mavailable, outer alternate o	same adopted for the purpose of transacting i	business in Florida. The alternate	nerve (Stat Include "Lat	mind Liability Company," "L.L.	C." or "U.C.")
Connecticut		. 27	-0524383		
(Fields bon under de leu al e	buch for the transpot he believ company is our	Notice()	(1	TII number, if applicable)	
4.	JANUARY 2011 (Date first organized in Flor (See section 605 0904 & 605 0905)	ele, if prior in registration.) F.S. to determine permity babites	· ·		
5. 54 (Street Address of S	Ethan Allen Highway	6		64 Ethan Allen Hig	hway
Ridaefiei	d, CT 06877		Ridoefie	eld, CT 06877	
	*				
	g of Florida registered agent: (——— Р.О. Вох <u>NOT</u> вссер	able)		
	g of Florida registered agent: (Р.О. Вох <u>NOT</u> вссер	ahic)		
			atric)		
Name:	Charles Ancona 611 Maddoch Stree	et .	<u>.</u> .	05	
Name:	Charles Ancona 611 Maddoch Stree	et Palm Beach	- _ , Florida 334	05 Zila code)	
Name: Office Address: Registered agent's accept Having been named as registered in this application of the provision of the provision of the provision.	Charles Ancona 611 Maddoch Stree West F (Ca) tance: gistered agent and to accept setion, I hereby accept the appollons of all statutes relative to the of my position as registered a	Palm Beach critice of process for the Interest as registered a regist	. Florida 334.00 c above stated litegent and agree to	ile colo) mited liability compar v act in this capacity.	I further agree

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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

President/Manager	Charles Ancona
`	1

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authemicated by the official having custo jurisdiction under the law of which it is organized. (If the certificate is in a fereign language, a translation of the confidence of the translator must be submitted)	dy of recon emificate u	is in the nder out	þ
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10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am sware that any	grie augin	atiug :	
submitted in a document to the Department of State constitutes a third segrec felony as provided for in s.817.155,	F.S.3 - 2:	_	
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To: 18506176383 From: 12143052508 Date: 01/07/19 Time: 12:47 PM Page: 04/05

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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

PROJECT A, LLC

a domestic limited liability company, were filed in this office on July 13, 2009.

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

Business ID: 0977361

Date Issued: December 28, 2018

2019 JAN - 7 PM 1: SCCSLIARY OF STA ALLAHASSEE, FLOR

Certificate Number: 2018418303001

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

Express

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