# TZYSOOOPIN

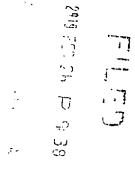
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100325120391

02/26/19--01017--008 \*\*130.00



### COVER LETTER

TO:		ation Section a of Corporation	ns					
SUBJI		Plus LLC						
			Name of l	limited Liability (	Company		-	
The en Exister	iclosed "A nce, and ch	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza	tion to Tra ted liability	insact Business in Florida, company to transact busi	" Certific ness in F	ate of lorida.
Please	return all	correspondence c	concerning this matter to the	following:				
		Jeremy J. Train	or				د م 40 س	
			Na	ime of Person			:	ۇ : ھە ھەسەر
		55 Plus LLC						
			Fil	rm/Company		-	- !	
		1206 Storrs Ro	ad #155				ر. ازر 90 _	
				Address		<del>.</del>		
		Mansfield, CT	06268					
			City/St	ate and Zip Code			_	
		staff@55plus.c						
	-		E-mail address: (to be used	for future annual	report not	ification)	-	
For fu	rther infor	nation concerning	g this matter, please call:					
	Jeremy	J. Trainor		860 _ at (	742-10			
		Name o	of Contact Person	Area Code	Day	time Telephone Number	_	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301		
Enclos		eck for the follow .00 Filing Fee	ing amount:  \$\B\$\$ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	S160.00 Filing Fee, Cof Status & Certified Co		:

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING INSUBAILITED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

f name unavailable, enter alte	mate name adopted for the purpose of transacting business in Flo	onda. The a	derrugie name must include "Limited Lia	ibility Comman	v." "L.1. C." or	"I.I.C ")
Connecticut	many antipoetric the traction of transacting territory in the		47-3219497	carry C sacquin	y. <i>0.0</i> o.	1.1.
(Jurisdiction under the la-	s of which foreign hinited liability company is organized)	١.	(FEI num	ber, if applicat	ole)	
·	(Date tirst transacted business in Florida, if prior to	registration	n)			
1206 Storm Bond	(See sections 605-0904 & 605-0905, F.S. to determ		• •	÷		
1206 Storrs Road	ess of Principal Office)	6.	1206 Storrs Road #155 (Mailing Add	lress)		<del></del> -
Mansfield, CT 06			Mansfield, CT 06268		:	
					,	\
					7.2	
7. Name and street a	ddress of Florida registered agent: (P.O. Box	NOT	acceptable)	-		
	Registered Agents Inc.		•		•	أحد
Name:	registered Agents Inc.				 رب	
Office Addr	25S: 7901 4th St N STE 300		_ <del></del>		35	
	St. Petersburg		, Florida 33702			
	(Cuv)		, Florida			
laving been named lesignated in this ap o comply with the pi	cceptance: as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the properations of my position as registered agent.	process is regist	for the above stated limited ered agent and agree to act	l liability o in this ca	pacity. I f	urther ag
laving been named lesignated in this ap o comply with the pi	as registered agent and to accept service of plication. I hereby accept the appointment a povisions of all statutes relative to the proper ations of my position as registered agent.	process is regist and co	for the above stated limited ered agent and agree to act implete performance of my	l liability o in this ca	pacity. I f	urther ag
Having been named lesignated in this ap o comply with the pi	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper	process is regist and co	for the above stated limited ered agent and agree to act implete performance of my	l liability o in this ca	pacity. I f	urther ag
Having been named lesignated in this ap, o comply with the pi ind accept the obliga	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper ations of my position as registered agent.  [Registered agent's	process is regist and co	for the above stated limited ered agent and agree to act implete performance of my	l liability o in this ca	pacity. I f	urther ag
Having been named lesignated in this ap, o comply with the pi ind accept the obliga	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have	process is regist and co signature)	for the above stated limited ered agent and agree to act implete performance of my	l liability o in this ca duties, an	pacity. I f	urther aş niliar wit
Having been named lesignated in this ap, o comply with the prind accept the obligation.  8. The name, title or	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the company of the person of th	process is regist and co signature)	for the above stated limited ered agent and agree to act implete performance of my authority to manage is/are:	I liability of in this can duties, an	pacity. I f d I am fan	urther aş niliar wit
Having been named lesignated in this ap, o comply with the prind accept the obligation.  8. The name, title or Title or Capacit	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the company of the person of th	process is regist and co signature)	for the above stated limited ered agent and agree to act implete performance of my authority to manage is/are:	l liability o in this ca duties, an	pacity. I f d I am fan	urther aş niliar wit
Having been named lesignated in this ap, o comply with the prind accept the obligation.  8. The name, title or Title or Capacit	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the company of the person of th	process is regist and co signature)	for the above stated limited ered agent and agree to act implete performance of my authority to manage is/are:	I liability of in this can duties, an	pacity. I f d I am fan	urther aş niliar wit
Having been named lesignated in this ap, o comply with the prind accept the obligation.  8. The name, title or Title or Capacit	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the compact of the person of th	process as register and co signature) as/have T	for the above stated limited ered agent and agree to act implete performance of my authority to manage is/are:	I liability of in this can duties, an	pacity. I f d I am fan	urther aş niliar wit
daving been named designated in this ap, o comply with the prind accept the obligation.  8. The name, title or Title or Capacit	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the company of the person of th	process as register and co signature) as/have T	for the above stated limited ered agent and agree to act implete performance of my authority to manage is/are:	I liability of in this can duties, an	pacity. I f d I am fan	urther aş niliar wit
Having been named lesignated in this ap, o comply with the prind accept the obligation.  8. The name, title or Title or Capacit	as registered agent and to accept service of polication. I hereby accept the appointment a covisions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the compact of the person of th	process as register and co signature) as/have T	for the above stated limited ered agent and agree to act implete performance of my authority to manage is/are:	I liability of in this can duties, an	pacity. I f d I am fan	urther aş niliar wit
Having been named lesignated in this ap, o comply with the prind accept the obligation.  8. The name, title or Title or Capacit	as registered agent and to accept service of polication. I hereby accept the appointment a povisions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the proper agent's large of the person of the	process as register and co signature) as/have T	for the above stated limited ered agent and agree to act implete performance of my authority to manage is/are:	I liability of in this can duties, an	pacity. I f d I am fan	urther aş niliar wit
Having been named designated in this apportunity of comply with the print accept the obligation.  8. The name, title or Title or Capacit CEO  (Use attachments if ref.). Attached is a certification.	as registered agent and to accept service of polication. I hereby accept the appointment appointment appointment of a statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the proper agent's service of the person of the p	signature) as/have T	for the above stated limited ered agent and agree to act omplete performance of my authority to manage is/are: itle or Capacity:	Name N/A  N/A  N/A	pacity. If d I am fan	ess:
Having been named designated in this apportunity of comply with the print accept the obligation.  8. The name, title or Title or Capacit CEO  (Use attachments if ref.). Attached is a certification.	as registered agent and to accept service of polication. I hereby accept the appointment activitions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the proper agent's service of the person of t	signature) as/have T	for the above stated limited ered agent and agree to act omplete performance of my authority to manage is/are: itle or Capacity:	Name N/A  N/A  N/A	pacity. If d I am fan	ess:
faving been named designated in this apply occumply with the proportional accept the obligation of the name, title or Title or Capacity CEO	as registered agent and to accept service of polication. I hereby accept the appointment activitions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the proper agent's service agent's	signature) signature) as/have T	for the above stated limited ered agent and agree to act omplete performance of my authority to manage is/are: itle or Capacity:	Name N/A  N/A  N/A  aving custom of the	pacity. I f d I am fan and Addre	erds in th
Having been named designated in this apportunity of comply with the print accept the obligation of the name, title or Title or Capacity CEO  (Use attachments if runs accept the translator must of the translator must of the translator must of this document is	as registered agent and to accept service of polication. I hereby accept the appointment activitions of all statutes relative to the proper ations of my position as registered agent.  (Registered agent's capacity and address of the person(s) who have the proper agent's service of the person of t	signature) signature) as/have T duly au te is in a	for the above stated limited ered agent and agree to act omplete performance of my authority to manage is/are: itle or Capacity:  thenticated by the official has foreign language, a translate of the foreign language.	Name N/A  N/A  N/A  aving custom of the re that any	pacity. If d I am fan and Addre	erds in th

Typed or printed name of signee

Jeremy J. Trainor

## 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

#### 55 PLUS LLC

a domestic limited liability company, were filed in this office on January 30, 2015.

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: February 18, 2019

Business ID: 1167465 Standard Certificate Number: 2019098105001

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