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Florida Department of State
Division of Corporations
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Email Address: CONNECTICUTBLINDINSTALLER@MSN.COM

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TALLAHASSEE, FLORIDA

2019 MAR 18 PM 5:34

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Foreign Limited Liability Company
CONNECTICUT BLIND INSTALLERS LLC

Certificate of Status	1
Certified Copy	0
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UHS
3-19-19

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. CONNECTICUT BLIND INSTALLERS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CONNECTICUT 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 75 GREEN HILL ROAD., BETHLEHEM, CT 06751
(Street Address of Principal Office)

6. 75 GREEN HILL ROAD., BETHLEHEM, CT 06751
(Mailing Address)

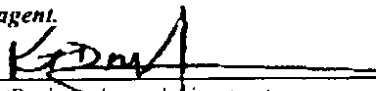
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KENT MACFARLANE
Office Address: 7907 SEBASTIAN ROAD
FT. PIERCE, Florida 34951
(City) (Zip code)

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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

KENT MACFARLANE-7907 SEBASTIAN ROAD, FT. PIERCE 34951 (MEMBER)
ROBIN MACFARLANE-7907 SEBASTIAN ROAD, FT. PIERCE 34951 (MEMBER)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

KENT MACFARLANE
Typed or 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

CONNECTICUT BLIND INSTALLERS LLC

a domestic limited liability company, were filed in this office on December 29, 2014.

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

Date Issued: March 18, 2019

