

W1900000428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

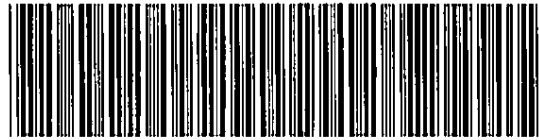
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W19000039869

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04/17/19--01019--016 **125.00

2019 APR 17 PM 4:18
STATE OF WISCONSIN
CLERK OF COURT

R. WHITE

APR 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2019

STEPHEN DIMARIA
10 PINE HILL RD
AVON, CT 06001

SUBJECT: RICHARD A DIMARIA TRUST, LLC
Ref. Number: W19000039869

We have received your document for RICHARD A DIMARIA TRUST, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$916.25.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00008176

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Richard A DiMaria Trust, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephen DiMaria

Name of Person

Richard A DiMaria Trust, LLC

Firm/Company

10 Pine Hill Rd

Address

Avon, CT 06001

City/State and Zip Code

OpenDoorsProperty@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen DiMaria

Name of Contact Person

at **860**

Area Code

751-9734

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. Richard A DiMaria Trust, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Richard A. DiMaria Trust, LLC

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

2. Connecticut

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3958694

(FEI number, if applicable)

4.

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

5. 10 Pine Hill Rd

(Street Address of Principal Office)

6. 10 Pine Hill Rd

(Mailing Address)

Avon, CT 06001

Avon, CT 06001

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(Zip code)

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)

FILED
2019 APR 17 PM 4:18
TALLAHASSEE
FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Stephen DiMaria

☐ Member Address: 10 Pine Hill Rd

☐ Authorized Avon, CT 06001

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Richard A DiMaria

☒ Member Address: 88 Catlin Rd

☐ Authorized Harwinton, CT 06791

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

Stephen DiMaria

Typed or printed name of signer

Business Inquiry

Business Details

Business Name: **RICHARD A DIMARIA TRUST, LLC**

Citizenship/State Inc: **Domestic/CT**

Business ID: **1218178**

Last Report Filed Year: **2019**

Business Address: **10 PINE HILL RD, AVON, CT, 06001, USA**

Business Type: **Domestic Limited Liability Company**

Mailing Address: **10 PINE HILL RD, AVON, CT, 06001, USA**

Business Status: **Active**

Date Inc/Registration: **Sep 19, 2016**

Annual Report Due Date: **03/31/2020**

Principals Details

Name/Title	Business Address	Residence Address
RICHARD A DIMARIA MEMBER	10 PINE HILL RD, AVON, CT, 06001	88 CATLIN RD, HARWINTON, CT, 06791
STEPHEN DIMARIA MANAGING MEMBER	10 PINE HILL RD, AVON, CT, 06001	10 PINE HILL RD, AVON, CT, 06001

Agent Summary

Agent Name **STEPHEN DIMARIA**

Agent Business Address **10 PINE HILL RD, AVON, CT, 06001**

Agent Residence Address **10 PINE HILL RD, AVON, CT, 06001**

Agent Mailing Address **NONE**

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

RICHARD A DIMARIA TRUST, LLC

a domestic limited liability company, were filed in this office on September 19, 2016.

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: April 15, 2019

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-26-2016

Employer Identification Number:
81-3958694

Form: SS-4

Number of this notice: CP 575 G

RICHARD A DIMARIA TRUST LLC
STEPHEN DIMARIA
10 PINE HILL RD
AVON, CT 06001

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-3958694. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is RICH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.