

M1900000442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

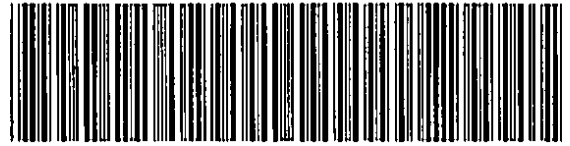
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APR 29 2019

SECRETARY OF STATE
FALLS CHURCH, VA

2019 APR 29 PM 4:35

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T GLASS

MAY 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABRINA DESIGN 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:

Patricia G. Dunn
Name of Person

Sabrina Design LLC
Firm/Company

11417 Pink Oleander Lane
Address

Palm Beach Gardens, FL 33418
City/State and Zip Code

pgdunne.sabrinadesign.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Dunn at (617) 417-3637
Name of Contact Person Area Code 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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL
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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. SABRINA DESIGN 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. Secretary of State of CT
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-2932661
(FEI number, if applicable)
4. March 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 11417 Pink Okander lane
(Street Address of Principal Office)
Palm Beach Gardens, FL
33418
6. 11 Dearfield lane
(Mailing Address)
Greenwich, CT
06831
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Patricia Dunn

Office Address: 11417 Pink Okander lane
Palm Beach Gardens, Florida 33418
(City) (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.

Patricia G. Dunn
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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DEPARTMENT OF
STATE

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.

Patricia G. Dunn
Signature of an authorized person

Patricia G. Dunn
Typed or printed name of signer

SECRETARY OF THE STATE OF CONNECTICUT
30 TRINITY STREET
P.O. BOX 150470
Hartford, CT 06115-0470

Online Business Filing Confirmation Receipt

Business Name:	SABRINA DESIGN, LLC	Business ID:	1163546
Type of Request:	REPORT (2019)	Payment Received:	\$20.00
Request Date/Time:	02/19/2019 06:00 PM	Filing Number:	0006393075

Payment Receipt

Credit Card #:	*****9831	Authorization #:	00367G
Billing Date/Time:	02/19/2019 06:00 PM	Billing Amount:	\$20.00

Note: You can verify the filing details from the CONCORD website <http://www.concord-sots.ct.gov> by clicking the business inquiry link and searching on the above mentioned Business ID.

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SECRETARY OF STATE
HARTFORD, CT 06103

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

SABRINA DESIGN, LLC

a domestic limited liability company, were filed in this office on December 10, 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: January 12, 2017

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TALFORD, CT



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.courtsol-sols.ct.gov

ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE, AT

FILING #0005253466 PG 01 OF 02 VOL B-02021

FILED 12/10/2014 08:30 AM PAGE 00896

SECRETARY OF THE STATE

CONNECTICUT SECRETARY OF THE STATE

FILING PARTY (CONFIRMATION WILL BE SENT TO T)

NAME: Patricia Dunn

ADDRESS: 11 Dearfield Lane

CITY: Greenwich

STATE: CT

ZIP: 06831

MAKE CHECKS PAYABLE TO "SECRETARY
OF THE STATE"

1 NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION (E. ILLC, L.L.C., ETC.))

Sabrina Design, LLC

2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:

ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

Any lawful act or activity for which a limited liability company may be formed under the Act.

3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.

ADDRESS: 11 Dearfield Lane

CITY: Greenwich

STATE: CT

ZIP: 06831

4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.

ADDRESS:

CITY:

STATE:

ZIP:

5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)

☒ A. IF AGENT IS AN INDIVIDUAL.

PRINT OR TYPE FULL LEGAL NAME:

Patricia Dunn

BUSINESS ADDRESS

(P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"

ADDRESS: 11 Dearfield Lane

CITY: Greenwich

STATE: CT

ZIP: 06831

CONNECTICUT RESIDENCE ADDRESS

(P.O. BOX NOT ACCEPTABLE)

ADDRESS: 11 Dearfield Lane

CITY: Greenwich

STATE: CT

ZIP: 06831

SIGNATURE ACCEPTING APPOINTMENT:

Patricia Dunn

☐ B. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Patricia Dunn	Managing Member	11 Deerfield Lane Greenwich, CT 06831	11 Deerfield Lane Greenwich, CT 06831

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

☒ MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 10th DAY OF October, 20 14

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Patricia Dunn	<i>Patricia Dunn</i>

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE
EASILY FILED ONLINE @ www.concord-sofs.ct.gov
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY
POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO www.ct.gov/drs