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### **COVER LETTER**

TO:

	egistration Section livision of Corporations	3		. ,			
<u> </u>	Modern Pulse Consu	lting Group LLC					
JOBILE I		Name of Lim	ited Liability	Сотралу		_	
The enclos Existence,	sed "Application by Fore and check are submitted	ign Limited Liability Company to register the above reference	y for Authoriza ed foreign limi	ation to Transact Bus ted liability company	iness in Florida to transact bus	ı," Certi siness in	ficate o Florida
Please retu	um all correspondence co	oncerning this matter to the foll	owing:				
	Deborah Pestka-	Ciaenciotta					
		Name	of Person			_	
	Modern Pulse Co	onsulting Group LLC					
	Firm/Company						
	3587 S. Federal	Highway #H					
	Address						
	Boynton Beach	FL 33435					
	· -	City/State	and Zip Code				
	dp@modernpulse.	net					
		E-mail address: (to be used for	r future annual	report notification)		_ 20	
For further	information concerning	this matter, please call:				2019 JUL 30	4
D	eborah Pestka-Cianciott	a a	203	981-8816	<u></u>	_ 30	(1000) (1000)
	Name of	Contact Person	Area Code	Daytime Telep	hone Number	- -	[T]
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		4 4: 37	
	nclosed is a check for the ease make check payable	e following amount: e to: FLORIDA DEPARTME	ENT OF STAT	ГЕ			
	S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & E	\$160.00 Filing of Status & Ce		

## 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. Modern Pulse Consulti						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	srida. The al	ternate name must include "Limited Lia	bility Company," "L.L.C.	" or "LLC.")	
Conneticut 2.		3.	27-0362296			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI numb	ocr, if applicable)		
4	(D., Garage and A., G			<del></del>		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty	liability)			
3587 S. Federal Highw 5.		6	3587 S. Federal Highway	#H		
(Street Address of Principal Office)		0.	(Mailing Add	ress)		
Boynton Beach , FL			Boynton Beach, FL			
33435			33435	2019		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)	JUL 30	THE STATE OF	
Name:	Deborah Pestka-Cianciotta		<del></del>	PM 4:37		
Office Address:	3587 S. Federal Highway #H		·	F	1	
	Boynton Beach		33435 . Florida			
	(City)		(Zip cod	ie)		

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. 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: Title or Capacity: Name and Address: Deborah Pestka-Cianciotta Len Pesko Manager Manager Name: Manager Address: \_\_\_\_\_3587 S. Federal Highway #H 38 Kiersted Place Member ☐ Member Boynton Beach, FL 33435 Mahwah, NJ 07420 Authorized Authorized Person Person Other\_Principal Principal Other\_\_\_\_ Other\_\_\_\_\_ Other ■ Manager Name: ☐ Manager Member ☐ Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other Other\_ Manager Name: Manager Name: \_\_ Member Address: Member Address: ☐ Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Deborah Pestka-Cianciotta

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

### MODERN PULSE CONSULTING GROUP LLC

a domestic limited liability company, were filed in this office on June 09, 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

Semi Whenk

Date Issued: June 25, 2019