

9/3/2019

Division of Corporations

M19000008508

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHARON ANN COX P.A.
Account Number : I20180000097
Phone : (561)235-2110
Fax Number : (561)423-0745

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SHARONCOX@SACCOX.LAW.COM

**Foreign Limited Liability Company
Branford Financial LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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SEP 05 2019

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: BRANFORD FINANCIAL 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:

SHARON COX ESQ.

Name of Person

SHARON ANN COX P.A.

Firm/Company

7154 N. UNIVERSITY DRIVE, #283

Address

TAMARAC, FL 33321

City/State and Zip Code

SHARONCOX@SACOXLAW.COM

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

For further information concerning this matter, please call:

SHARON COX

561

235-2113

Name of Contact Person

at ()

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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2019 SEP -4 AM 10:52

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

2. CONNECTICUT 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. NONE
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18 PARDEE PLACE EXT. 6. 18 PARDEE PLACE EXT.
(Street Address of Principal Office) (Mailing Address)

EAST HAVEN, CT 06512

EAST HAVEN, CT 06512

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


Name: SHARON ANN COX P.A.

Office Address: 7154 N. UNIVERSITY DRIVE, #283

TAMARAC, Florida 33321
(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.


(Registered agent's signature)

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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: MICHAEL PERRICONE

☒ Member Address: 21 GARDEN STREET

☐ Authorized BRANFORD, CT 06405

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: PATRICIA S. BEALE

☒ Member Address: 18 PARDEE PLACE EXT

☐ Authorized EAST HAVEN, CT 06512

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 _____

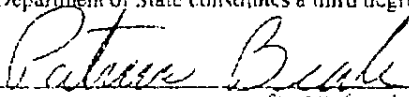
Person _____

☐ 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

PATRICIA S. BEALE, MEMBER

Typed or printed name of signer

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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

BRANFORD FINANCIAL, LLC

a domestic limited liability company, were filed in this office on February 11, 2019.

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: September 03, 2019

Business ID: 1298972

Express

Certificate Number: 2019366656001

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

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