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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

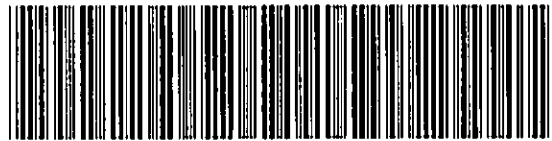
(Business Entity Name)

(Document Number)

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12/26/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lynx City 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:

X Derek Pierson
Name of Person
LYNX City LLC
Firm/Company
102 Wooster Ave, Unit A5
Address
Bethel, CT 06801
City/State and Zip Code
info @ Lynx.city
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID HARVEY at (203) 448 7596
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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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. Lynx City LLC
Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP"

2. State of Connecticut 3. 83-4650287
Jurisdiction under the laws of which foreign limited liability company is organized (Tax ID number, if applicable)

4. _____
State first transacted business in Florida, if prior to registration.
(See sections 605.0901 & 605.0902, Florida Statutes, determining penalty, if any.)

5. 22 Acre Drive 6. 102 Wooster Ave #A5
Street address of principal office Mailing address
Danbury, CT 06811 Bethel, CT 06801
USA USA

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

Name: Anthony Maniscalco
Office Address: 3245 New England St
Sarasota Florida 34231

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NOT RECORDED

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.

Anthony Maniscalco
(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:**

☐ Manager Name: DAVID HARVEY

☐ Member Address: 6 Hadley Rd

☒ Authorized Brewster, NY 10509

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Alan Moisio

☐ Member Address: 23 Wooster St

☒ Authorized Bethel, CT 06801

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Anthony Maniscalco

☐ Member Address: 3245 New England St

☐ Authorized Sarasota, FL 34231

Person _____

☒ Other Agent ☐ Other _____

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

☐ Manager Name: Derek Pierson

☐ Member Address: 22 Acre Dr

☒ Authorized Danbury, CT 06811

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: James Panzica

☐ Member Address: 13 Sixth St

☒ Authorized Danbury, CT 06810

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

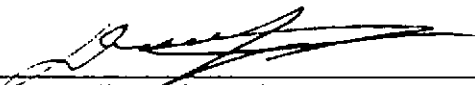
Person _____

☐ 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

DAVID HARVEY

Typed or printed name of signer

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

LYNX CITY LLC

a domestic limited liability company, were filed in this office on May 03, 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: November 15, 2019

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