## $\mathbf{O}$

	Requestor's Name)
(,	Address)
	Address)
(0	City/State/Zip/Phone #)
	WAIT MAIL
(1	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	Office Use Only



SEUVE WARY OF STATE TALLAHASSEE. FLORIDA 2020 MAR 12 PH 4: 43 FILED

> 2190 INA 12 ယ္ <u>.</u>.,

.

. -

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 3/12/20

NAME: ADVANCED SOUTHWEST GROUP LLC

**TYPE OF FILING:** APPLICATION

COST: 130.00

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

è

 $\mathbf{A}_{i}^{(1)}$ 

## 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:

[.	Advanced Southwest Group LLC		
•	(Name of Foreign Limited Liability Company; must include "Limite	a Lindille	y Company,""L.L.C.," or "LLC.")
			1021 17
:tir	name unavailable, enter alternate name adopted for the purpose of transacting business in Fi	loride. The	aliemate name must include "Limited Litebility Company" "LLC," of "ULC.")
	Connecticut		AHAR
···.	(Jurisdiction under the law of which foreign limited liability company is organized)	у.	(FEI number, (spipikable) N
4.			Fig 7 O
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration	hability)
5.	1100 SUMMER STREET, SUITE 401,	6	1100 SUMMER STREET, SUITE OT,
(51	rest Address of Principal Office)	ψ.	(Malling Address)
	c/o MASOTTI & MASOTTI LLC		c/o MASOTTI & MASOTTI LLC
	Stamford, CT 06905		Stamford, CT 06905

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

Name:	REGISTERED AGENT SOLUTIONS, INC.	
Office Address:	155 OFFICE PLAZA DR., Suite A	
	Tallahassee, FL	
	(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.

Secretar Assistant 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	i Name and Address:
Manager	Name: <u>Nancy Carnavalla</u>	Manager	Name:
Member	Address:	□Member	Address:
Authorized	SUITE 401,	Authorized	
Person	Stamford, CT 06905	Person	
Other	Other	Other	Other
			TALLAH Name:
⊡Manager	Name:	□Manager	
□Member	Address:	□Member	Address:
Authorized	·	Authorized	
Person		Person	ORIGINAL CONTACT
Other	Other	Other	Dother
□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. 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	-
Jennifer Bottary, Organizer	

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

## ADVANCED SOUTHWEST GROUP LLC

a domestic limited liability company, were filed in this office on March 11, 2020.

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.

Shenk

Secretary of the State



Date Issued: March 12, 2020