

Florida Department of State

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 APR -2 AM 9:32

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**Foreign Limited Liability Company**  
**Farmington Administrative Services, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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2020 APR -2 AM 9: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Farmington Administrative Services, 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. Connecticut 03-0419413  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Filing  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. (Street Address of Principal Office) 6. (Mailing Address)

30 Waterside Drive

P.O. Box 1112

Farmington, CT 06032

Farmington, CT 06034

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324  
(City) , Florida (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.

C T Corporation System Assistant Secretary

By: Nicholas McCray  
(Registered agent's signature)

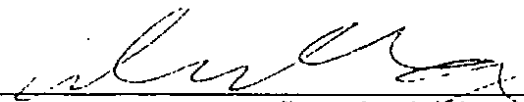
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>BCMT Seller, Inc.</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>30 Waterside Drive</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Farmington, CT 06032</u>	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 _____

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  
 Douglas Mantz, Secretary of BCMT Seller, Inc., its' Member  
 \_\_\_\_\_  
 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

FARMINGTON ADMINISTRATIVE SERVICES, LLC

a domestic limited liability company, were filed in this office on March 15, 2002.

Articles of amendment for FARMINGTON ADMINISTRATIVE SERVICES, INC., changing its name  
to FARMINGTON ADMINISTRATIVE SERVICES, LLC, were filed on March 26, 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.



Secretary of the State

Date Issued: March 27, 2020

FILED  
2020 APR -2 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FARMINGTON ADMINISTRATIVE SERVICES, LLC

a domestic limited liability company, were filed in this office on March 15, 2002. The following is a list  
of all documents filed in this office:

Filing Type: -----	File Date/Time: -----	Effective Date/Time: -----
CERTIFICATE OF INCORPORATION	March 15, 2002 03:00 PM	
ORGANIZATION AND FIRST REPORT	March 25, 2002 12:24 PM	March 25, 2002 12:24 PM
REPORT (2003)	April 07, 2003 08:30 AM	April 07, 2003 08:30 AM
REPORT (2004)	April 06, 2004 08:30 AM	April 06, 2004 08:30 AM
REPORT (2005)	March 28, 2005 11:48 AM	
REPORT (2006)	April 14, 2006 08:30 AM	
CERTIFICATE OF AMENDMENT	October 19, 2006 11:00 AM	October 19, 2006 11:00 AM
REPORT (2007)	March 07, 2007 12:53 PM	
REPORT (2008)	February 28, 2008 09:36 AM	
REPORT (2009)	March 25, 2009 08:30 AM	
REPORT (2010)	February 19, 2010 09:33 AM	
REPORT (2011)	March 10, 2011 11:43 AM	
REPORT (2012)	March 29, 2012 12:07 PM	
REPORT (2013)	March 11, 2013 11:01 AM	

Office of the Secretary of the State of Connecticut

REPORT (2014)	March 12, 2014 04:38 PM	
CHANGE OF AGENT FOR SERVICE OF PROCESS	August 01, 2014 04:00 PM	August 01, 2014 04:00 PM
REPORT (2015)	March 12, 2015 02:56 PM	
REPORT (2016)	March 28, 2016 09:09 AM	
INTERIM NOTICE	January 11, 2017 01:57 PM	
REPORT (2017)	March 28, 2017 09:34 AM	
REPORT (2018)	February 27, 2018 11:57 AM	
REPORT (2019)	February 14, 2019 10:40 AM	
REPORT (2020)	February 06, 2020 10:43 AM	
CERTIFICATE OF CONVERSION	March 26, 2020 04:00 PM	March 26, 2020 04:00 PM
with name change from: FARMINGTON ADMINISTRATIVE SERVICES, INC. to: FARMINGTON ADMINISTRATIVE SERVICES, LLC		

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.



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Secretary of the State

Date Issued: March 27, 2020

Business ID: 0708838

Longform

Certificate Number: 2020163324002

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