# 1100000167

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

Mark Do Most



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TO: Registration Section *Division of Corporations	
SUBJECT: Pizzuto Builder	
Name of L	imited Liability Company
	any for Authorization to Transact Business in Florida," Certificate of aced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the f	
Mario Pizzu	<del>t</del> 0
	me of Person
Pizzuto Buili	ders
Fir	m/Company
50 Brainera	4 Ave
	Address
middletown	CT 06457
City/Str	ate and Zip Code
mariop122ctop	GMGIL. COM  Note in the control of t
	raditude annual report normeation)
For further information concerning this matter, please call:	
Mario Przuto	al 860, 398 1486
Name of Contact Person	Area Code Daytime Telephone Number
	Street Address:
_	Registration Section
,	Division of Corporations
	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPART:  \$\Boxed{\subset}\$\$ \$\$125.00 Filing Fee \$\Boxed{\subset}\$\$ \$\$Certificate of States.	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate



December 8, 2020

MARIO PIZZUTO 50 BRAINERD AVE MIDDLETOWN, CT 06457

SUBJECT: PIZZUTO BUILDERS LLC

Ref. Number: W20000139031

We have received your document for PIZZUTO BUILDERS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

DEC 28 7070

Letter Number: 420A00024588

www.sunbiz.org

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 605 0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS OMPANY TO TRANSACT BUSINESN IN THE STATE OF FLORIDA: $ \begin{array}{cccccccccccccccccccccccccccccccccc$	STER A FOREIG	JN LIM	TED LABITI
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LL.C.	")		
finance may allable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited	d Liability Compan	y," "L. L. C.,"	" or "LLC "}
Oursdiction under the law of which foreign funded imbulie company is organized)  (FEI no.	unber, it applicable	)	<del></del>
A / /A			
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability)			
50 Brainerd Aug 6. SAME			
(Mailing Address)			
middletown (T			
<u>a</u>			
(MAY - OC+) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	<u>;</u> ,	000	_
Name and <u>suggraduress</u> of Piorida registered agent. (P.O. BOX INOT acceptable)	ਤਾ :	ŋ	: •
Name: Mario Pizzuto		22	`- T,
'11221 115 1111	,	:::	Ci
Office Address: 1950 US 991		<del></del> =-	
Summerfield Florida 340 (Zipi aode	<u> 191 ·                                  </u>	(_)	
egistered agent's acceptance:  (Zap code)	,		
aving been named as registered agent and to accept service of process for the above stated limite signated in this application, I hereby accept the appointment as registered agent and agree to accomply with the provisions of all statutes relative to the proper and complete performance of my daccept the obligations of my position as registered agent.	ct in this capa	city. 1 f	urther agree
(Régisséred 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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: □Manager Name: □Manager Name: Address: □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\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_ ☐ Member Address: \_\_\_\_\_ ☐ Member Address: ☐ Authorized □ Authorized Person Person

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.

□Other

☐ Other \_\_\_\_\_

- 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.

Significant of an authorized person

□Other\_\_\_\_

□Other\_\_\_\_

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

### PIZZUTO BUILDERS, LLC

a domestic limited liability company, were filed in this office on June 30, 2003. The following is a list of all documents filed in this office:

Filing Type:	File Date/Time:	Effective Date/Time:
CERTIFICATE OF ORGANIZATION	June 30, 2003 08:30 AM	
REPORT (2004)	June 28, 2004 08:30 AM	
REPORT (2005)	June 24, 2005 08:30 AM	
REPORT (2006)	September 15, 2006 01:26 PM	
REPORT (2007)	June 28, 2007 08:30 AM	
REPORT (2008)	June 09, 2008 08:30 AM	
REPORT (2009)	July 29, 2009 08:42 PM	
REPORT (2010)	July 13, 2010 01:34 PM	
REPORT (2011)	June 13, 2011 07:57 PM	
REPORT (2012)	May 22, 2013 10:16 PM	
REPORT (2013)	June 07, 2014 11:59 AM	
REPORT (2014)	October 20, 2014 08:04 PM	
REPORT (2015)	November 12, 2015 10:14 PM	
REPORT (2016)	January 07, 2017 02:18 PM	

### Office of the Secretary of the State of Connecticut

REPORT (2018) February 20, 2018 08:28 PM

REPORT (2019) March 25, 2019 12:35 PM

REPORT (2020) December 18, 2020 09:18 AM

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

Denis Menk

Date Issued: December 18, 2020