M21000007331

(Rec	questor's Name)	
(Ädd	dress)	
(Add	dress)	
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dox	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
·		

Office Use Only



100364365161

05/17/21--01003--003 **160.00

2021 MAY 17 MH II: 29

W Ci

COVER LETTER

TO:

Registration Section Division of Corporations

Nam	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in	
turn all correspondence concerning this matter t	o the following:	
Sheila A Gagne		
	Name of Person	
Maidorganic LLC		
	Firm/Company	
9 Timberline Rd		
	Address	
New Hartford, CT 06057		
C	City/State and Zip Code	
info@maidorganic.com		
E-mail address: (to be	e used for future annual report notification)	
er information concerning this matter, please ca	11:	
Sheila Gagne	860 550-1120	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee	
Tananassee, fl 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

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:

	locida. The alternate name must include "Limited Lishility Company," "L.L.C," or "Li
Connecticut	30-0499572
(Juriadiction under the law of which foreign limited liability company is organized)	3. (FEI number, if applicable)
None	
(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty fiability)
9 Timberline Rd	9 Timberline Rd
una Address of Principal Office)	6. (Mailing Address)
New Hartford, CT 06057	New Hartford, CT 06057
Name and street address of Florida registered agent: (P.O. Box	
Name: LITCO CICAMP	
	loods.Ct. IOD Florida 32725 S
Office Address: 100 Sweet gum W	, Florida 327 25 8

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: Name and Address: Title or Capacity: Sheila A Gagne Name: □Manager □Manager Name: ____ 9 Timberline Rd Address: **■** Member □Member Address: New Hartford, CT 06057 □ Authorized □ Authorized Person Person □Other_____ Other____ Other___ ☐Other___ Name: _____ Name: _____ □Manager □Manager □Member Address: Member Address: ☐ Authorized □Authorized Person Person □Other □Other____ Other____ □Other Name: □Manager Name: _____ □ Manager □Member Address: Address: □Member ☐ 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. Nonindexed 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. Sheila A Gagne

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

MAIDORGANIC LLC

a domestic limited liability company, were filed in this office on September 03, 2008.

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: June 14, 2021

Business ID: 0948626 Express Certificate Number: 2021310623001

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