

M21 2000/5069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

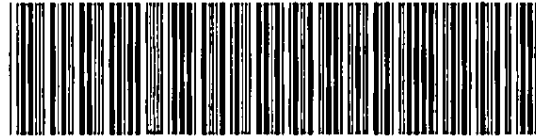
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400375908214

11/04/21--01003--017 \*\*125.00

FILED  
2021-11-04 PM 2:40  
CLERK OF COURT  
STATE  
OF FL

F



# Malkin & Daigle LLC

Certified Public Accountants

Phone: (860) 350-1041 • Fax: (860) 350-8242 • [www.malkin CPA.com](http://www.malkin CPA.com)

Connecticut Office  
461 Danbury Road  
New Milford, CT 06776

Florida Office  
2338 Immokalee Road, Ste. 373  
Naples, FL 34110

November 1, 2021

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find my application for my foreign LLC to register to do business in Florida.

Also, enclosed is my check for \$125.00 to cover the filing and registered agent fee.

Sincerely,

Mark A. Malkin, CPA

Enclosures  
MAM/ilt

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Malkin & Associates 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:

Mark A Malkin

\_\_\_\_\_  
Name of Person

Malkin & Associates LLC

\_\_\_\_\_  
Firm/Company

461 Danbury Road - Suite 3

\_\_\_\_\_  
Address

New Milford, CT 06776

\_\_\_\_\_  
City/State and Zip Code

malkincpa@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark A Malkin

860

350-1041

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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 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

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. Malkin & Associates 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 87-1201639  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4234 Longshore Way N 2338 Immokalee Road - Suite 373  
(Street Address of Principal Office) (Mailing Address)  
Naples, FL 34119 Naples, FL 34110

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

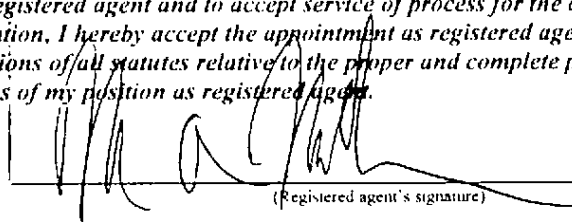
Name: Mark A Malkin

Office Address: 4234 Longshore Way N

Naples 34119  
(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.

  
(Registered agent's signature)

FILED  
JAN 14 4 PM 2:40  
CLERK OF STATE  
TALLAHASSEE, FL

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: Mark A Malkin

☒ Member Address: 2338 Inmoaklee Road

☐ Authorized Suite 373

Person Naples, FL 34110

☐ Other ☐ Other

☐ Manager Name: Daniel J Malkin

☒ Member Address: 461 Danbury Road

☐ Authorized Suite 3

Person New Milford, CT 06776

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

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

☐ Manager Name: Laura J Daigle

☒ Member Address: 461 Danbury Road

☐ Authorized Suite 3

Person New Milford, CT 06776

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

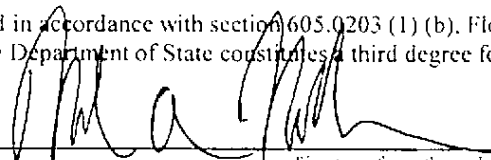
Person \_\_\_\_\_

☐ 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

Mark A Malkin  
Typed or printed name of signee

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Express Certificate

Date Issued: November 01, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

### Business Details

Business Name	MALKIN & ASSOCIATES, LLC
Business ALEI	US-CT.BER:1395917
Formation Date	06/09/2021



Secretary of the State

Business ALEI: US-CT.BER:1395917

Certificate Number: C-00014125

Note: To verify this certificate, visit <http://www.business.ct.gov>