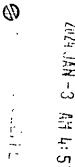
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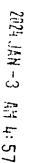
Office Use Only



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01/03/24--01032--011 \*\*78.75







## **COVER LETTER**

TO: Registration Secti Division of Corpo					
SUBJECT: Sterling Elev	vator Consultants, LLC				
	Name of corporati	on - must include suffi	х		
Dear Sir or Madam:					
"Certificate of Existence."	n by Foreign Corporation for "Certificate of Good St corporation to transact busi	anding" and check are	insact Business in Florida," submitted to register the		
Please return all correspor	dence concerning this matt	ter to the following:			
Joyce A. Mundt					
••••	Name o	of Person			
Sterling Elevator Consultant	s, LLC				
	Firm/Co	ompany			
471 Bushy Hill Rd					
		dress	<u></u>		
Simsbury, CT 06070-2910					
<del> · · · · · · · · · · · · · · · · · · </del>	City/State	and Zip code			
joyce@sterlingec.com		(			
	E-mail address: (to be use	d for future annual rep	ort notification)		
For further information co	ncerning this matter, please	e call:			
Joyce A. Mundt	at ( 860	558-4510			
Name of Person	Area Co	ode Daytime T	elephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registrati Division o P.O. Box	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	c following amount: o: FLORIDA DEPARTMES  \$78.75 Filing Fee & Certificate of Status	NT OF STATE  \$78.75 Filing Fee Certified Copy	&   \$87.50 Filing Fee, Certificate of Status &		

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

. IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1	r Consultants, LLC			
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	'ED," "	COMPANY," "CORPORATION	ОN,"
	·			
(If name unavail	able in Florida, enter alternate corporate n	ame ado	pted for the purpose of transact	ting business in Florida)
Connecticut		3. 06-1454245		
(State or countr	y under the law of which it is incorporated		(FEI number, if	applicable)
05/31/1996		5	perpetual	
(Date	of incorporation)	- 5	(Date of duration, if other	er than perpetual)
3/1/2023				
·			orida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 6	07.1502.	F.S., to determine penalty liab	ility)
195 W Main St, A	Avon, CT 06001-3685			
	(Principa	l office <u>s</u>	street address)	
471 Bushy Hill R	d, Simsbury, CT 06070-2910			
	(Current n	nailing a	ddress, if different)	
				ďΩ
. Name and stree	et address of Florida registered agent:	(P.O. B	sox NOT acceptable)	75
Name:	James A DePasquale			
Name.	12373 Sand Pine Ct.		<del>_</del>	DZIOZKIINA – JAMAN: 565
Office Address:	12373 Salid Fine Ct.			
	Jacksonville		. Florida 32226-4740	
	(City)		(Zip code)	
7. Registered ag	ent's acceptance:			7

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	٠ .	•				
□Chairman	Name:	ohn F Mundt		□Chairman	Name:	
□Vice Chairman	Address: 4	71 Bushy Hill Rd		□Vice Chairman	Address:	
□Director	S	imsbury, CT 06070-2910		□Director		
President				□President		
□Vice President				□Vice President		
☐ Secretary		□Treasurer		Secretary		□Treasurer
Other	<del></del>	□Other		□Other		□Other
□ Chairman	Name:			□Chairman	Name:	
□Vice Chairman	Address: _			□Vice Chairman	Address:	
□Director				□Director		
□President				□President		
□Vice President		·		□Vice President	*	
☐ Secretary		□Treasurer		Secretary		□Treasurer
□Other		Other		□Other		□Other
□Chairman	Name:			□Chairman	Name:	
Director		<del>.</del>		□Director		
□President				□President		
□Vice President			<u></u>	□Vice President		
☐ Secretary		□Treasurer		☐ Secretary		□Treasurer
□Other		□Other		□Other		□Other
individuals may be	added to the	nment to report more than six index when filing your Flor Mund	ida Departmen	it of State Annual Re	port form.	
	V-	Mundt Signature	of Director or	Officer		
The officer or direc	tor signing t		ted in number	11 above) affirms th	at the facts stated	i herein are trute and that he or

13. John F Mundt, President

(Typed or printed name and capacity of person signing application)

# Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Tuesday, November 28, 2023 5:43 PM

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	STERLING ELEVATOR CONSULTANTS, L.L.C.
Business ALEI	US-CT.BER:0538766
Formation Date	05/31/1996

Secretary of the State

Business ALEI: US-CT.BER:0538766

Note: To verify this certificate, visit Business.ct.gov

Certificate Number: C-00113912