| · · · · · · · · · · · · · · · · · · · | ······································ |
|---|--|
| M240000 | 305378 |
| (Requestor's Name) | |
| (Address) (Address) | 500418867435 |
| (City/State/Zip/Phone #) | 11/13/2301041015 ★•166.00 |
| (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | 2024 1.1 |
| Special Instructions to Filing Officer: | R 26 [7] 4: 21 |
| | |
| Office Use Only | |
| | APR 2.6 2024 K. Brumbley |

COVER LETTER

TO: **Registration Section Division of Corporations**

۰.

Celtic Consulting South, LLC

SUBJECT:

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:

| Name of Person | |
|--|--|
| | |
| Firm/Company | |
| | |
| Address | |
| | |
| ity/State and Zip Code | |
| | |
| e used for future annual report notification) | |
| A: | |
| 860 321-7413 at () | |
| 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 | |
| | |
| PARTMENT OF STATE | |
| ee & 🔲 \$155.00 Filing Fee & 🗎 \$160.00 Filing Fee. of Status Certified Copy of Status & Cert | |
| | |

| • | reference W2300015 | #+, 789/ | LeHer#: 9232000 | 26978 |
|---|---|---|---|---------------------|
| APPLICATION BY FO | | OMPANY FO Florida | OR AUTHORIZATION TO TRAN | SACT BUSINESS |
| COMPANYTOTRANSACT BU | SINESS IN THE STATE OF FLORIDA: | | IS SUBMITTED TO REGISTER A FOREIC | N LIMITED LIABILITY |
| CALLY CARSON | -C Limited Liability Company; must include "Ci Hing South, LLC | | mpany," "L.L.C.," or "LLC.") use name must include "Limited Lisbility Company | |
| Connecticut | ame adopted for the purpose of transacting busines: hich foreign limited liability company is organized) | 13 | nate name must include "Limited Liability Company 3-4216428 (FEI number, if applicable) | |
| August 30, 2023 | | | | |
| | (Date first transacted business in Florida, if pr (See sections 605 0904 & 605 0905, F.S. to d | or to registration) remine penalty liab | alny) | |
| 376 East Street South (5. (Street Address of Principal Office) | Joshen CT 06756 | 33 6 | 9 Main Street Torrington CT ()6790 (Mailing Address) | |
| | | | | |
| 7. Name and <u>street addres</u> | is of Florida registered agent: (P.O. | Box <u>NOT</u> acc | eptable) | 2024 AT R |
| Name: | James McCarthy | · · · - | | 26 |
| Office Address: | 2103 South Halifax Dr | | | |
| | Daytona Beach FL | | 32118 , Florida (Zip code) | 4:21 |

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.

James Ment (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]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|------------------------|--------------------|--|
| 🗑 Manager | Maureen McCarthy Name: | □Manager | Name: |
| □Member | Address: 376 East St S | Member | Address: 2013 S Halifax Dr |
| □Authorized | Goshen CT 06756 | DAuthorized | Daytor a Beach FL 32118 |
| 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 | |
| Other | Other | 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

Maureen McCArthy

Typed or printed name of signee

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Friday, December 08, 2023 10:45 AM

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 | CELTIC CONSULTING, LLC |
|----------------|------------------------|
| Business ALEI | US-CT.BER:0728898 |
| Formation Date | 10/11/2002 |

Secretary of the State

Certificate Number: C-00114871