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COVER LETTER

	First Order Services Florida, LLC			
SUBJEC	CT:			
		ne of Limited Liability Company		
		Company for Authorization to Transact Business in Florida." Certifica referenced foreign limited liability company to transact business in Florida.		
lease re	eturn all correspondence concerning this matter t	to the following:		
	Robert W. Chesson			
		Name of Person		
	First Order Services Florida, LLC	Traine of Telson		
		Firm/Company		
	7235 Azure Circle, Apt 6100			
	Address			
	Orlando, F1, 32836			
	firstorderserviceslle@gmail.com	City/State and Zip Code		
	E-mail address: (to b	e used for future annual report notification)		
or furth	er information concerning this matter, please ca	ill:		
Robert W. Chesson		203 508-5757		
		at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, 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 FLORIDA

	name adopted for the purpose of transacting business in Flo		de "Limited Liability Cor	npany," "L L C,"	er "LJ,C,"
Connecticut		84-3317589			
(Jurisdiction under the law of v	which foreign limited hability company is organized)	3	(FEI number, if appli	cable)	- -
07/10/2024					
	_				
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605 0905, F.S. to determine	registration) ne penalty liability)			
7235 Azure Circle, Ap	t 6100	7235 Azure Circle	:,Apt 6100		
et Address of Principal Office)		6. (Mailing Address)	<u> </u>		
Orlando, FL 32836		Orlando, FL 3283			
					
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			24-43		
Norma and atmost added	on of Clarida majetanad autom (D.O. Day	NIOT and analytical	9	. 5	(
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	8		(
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box Robert W. Chesson	NOT acceptable)	***************************************		
Name and <u>street addre</u> Name:		NOT acceptable)	***************************************	1000 1100	
		NOT acceptable)	**	i	
	Robert W. Chesson	NOT acceptable)	3	i	
Name:	Robert W. Chesson		28.36	5 ====================================	 ::n:
Name:	Robert W. Chesson 7235 Azure Circle, #6100	33	_	5 	
Name:	Robert W. Chesson 7235 Azure Circle, #6100		_	5 ====================================	. · . · . · ·
Name: Office Address:	Robert W. Chesson 7235 Azure Circle, #6100 Orlando (City)	33	28.36	5 ====================================	
Name: Office Address: egistered agent's accep	Robert W. Chesson 7235 Azure Circle, #6100 Orlando (City)		28.36 (Zip code)	-9 FH 1: 32	

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: First Order Services, LLC ✓Manager Name: □Manager Name: _____ 2389 Main St. Suite 100 Member Address: Address: ☐ Member Glastonbury, CT 06033-4617 ☐ Authorized ☐ Authorized Person Person □Other □Other_____ □Other □Other____ □Manager □Manager Name: □ Member □Member Address: ______ Address: □ Authorized ☐ Authorized Person Person □Other_____ □Other____ □Other_____ □Other____ ☐ Manager □ Manager Name: ______ Address: _____ □Member □Member Address: \square 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. Signature of an authorized person

Typed or printed name of signee

Robert W. Chesson

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Monday, July 29, 2024 5:40 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	FIRST ORDER SERVICES LLC	_
Business ALEI	US-CT.BER:1323945	
Formation Date	10/09/2019	-

Secretary of the State

Business ALEI: US-CT.BER:1323945

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

Page 1 of 1