Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RASI 5

Account Number : T2004000031

Phone : (800)906-9220 Fax Number : (800)906-9880

Fax Number : (

FILED PH 3: 40

r.;Email Address:_

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Foreign Limited Liability Company AZBILLING LLC

Certificate of Status	0
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Estimated Charge	\$125.00

K. SALY

MAY 13 2025

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Help



Division of Corporations

May 8, 2025

RASI 5

,

SUBJECT: AZBILLING LLC

REF: W25000063938

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P19000072370.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H25000166494

Regulatory Specialist II Supervisor Letter Number: 425A00009972

Registration Section

To:

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 HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC") AZBilling FL LLC (if name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "I. LUC" or "ELC.") 87-2691719 Connecticut (barisdiction under the law of which foreign limited liability company is organized) (FFI manher, if applicable) Upon Filing (Date first transacted business in Florida, if prior to registration) (See sections 615, 0984 & 605,0905, E.S. to determine penalty habitity) 16 Wessels Place 16 Wessels Place (Street Address of Principal Office) (Mailing Address) Greenwich, CT 06830 Greenwich, CT 06830 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Registered Agent Solutions, Inc. Name: 2894 Remington Green Ln. Ste. A. Office Address: Tallahassee (City)

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.

Naomi Ostopowitz: Asst Sec on t	ochalf of Registered	Agent Solutions, Inc.
(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	Name: Volter Dalzon	Manager	Name:	
■ Member	Address: 16 Wessels Place	Member	Address:	
Authorized	Greenwich, CT 06830	Authorized		
Person		Person		
Other	Criber	Other		Other
Manager	Name: Irisi Dalzon	Manager	Name:	
Member	Address: 16 Wessels Place	Member	Address:	
Authorized	Greenwich, CT 06830	Authorized	·	
Person		Person		温度加
Other	Other	[]Other		
				2 PH CD
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	5
Authorized		Authorized		
Person	·	Person		<u>-</u>
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 fifing your Florida Department of State Annual Report form.

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.

Volter	Dalzon		
	<u>v</u> _	Signature of an authorized person	
Volter Dalzon			
	· · · · · · · · · · · · · · · · · · ·	Lyped or enated name of sensee	

^{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)

Page 6 of 6 2025-05-12 03:23:33 CDT Lexitos From, Veronica Gonzalez

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Tuesday, May 06, 2025 5:01 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

To:

Business Name	AZBilling LLC	
Business ALEI	US-CT.BER:2345754	
Formation Date	09/17/2021	-

Secretary of the State



Business ALEI: US-CT.BER:2345754

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

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