

SECRETARY OF THE STATE
30 TRINITY STREET
[REDACTED]. BOX 150470
HARTFORD, CT 06115-0470

JUNE 9, 2014

MARC J. GRANIER, ESQ.
DEPANFILIS & VALLERIE
25 BELDEN AVE
PO BOX 699
NORWALK, CT 06852-0699

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of the following business filing:

Business Name:
REDHAWK PARTNERS LLC

Work Order Number: 2014166618-001
Business Filing Number: 0005121930
Type of Request: ARTICLES OF ORGANIZATION
File Date/Time: JUN 06 2014 01:00 PM
Effective Date/Time:
Work Order Payment Received: 225.00
Payment Received: 170.00
Credit on Account: 1005.00
Customer Id: 000008512
Business Id: 1145242

LISA SMITH
Commercial Recording Division
[REDACTED]

WWW.CONCORD.SOTS.CT.GOV

EFTA00284990

BUSINESS FILING REPORT

WORK ORDER NUMBER:2014166618-001
BUSINESS FILING NUMBER: 0005121930

BUSINESS NAME:

REDHAWK PARTNERS LLC

BUSINESS LOCATION:

C/O TOURMALINE PARTNERS LLC
680 WASHINGTON BOULEVARD
10TH FL
STAMFORD,CT 06901

MEMBER INFORMATION FOR ONE MEMBER:

NAME:DANIEL M. "IKE" GROFF
TITLE:MANAGER

** END OF REPORT **

SECRETARY OF THE STATE
30 TRINITY STREET
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HARTFORD, CT 06115-0470

JUNE 9, 2014

MARC J. GRANIER, ESQ.
DEPANFILIS & VALLERIE
25 BELDEN AVE
PO BOX 699
NORWALK, CT 06852-0699

RE: Request for Information

Work Order Number: 2014166618-002
Type of Request: CERTIFIED COPY
Work Order Payment Received: 225.00
Payment Received: 55.00
Credit on Account: 1005.00
Customer Id: 000008512

Attached is the information you requested.

Copies of most filings may be requested from our office. Due to the implementation of CONCORD, you may receive more information than you requested. Please read your request for information carefully.

LISA SMITH
Commercial Recording Division
[REDACTED]

EFTA00284992



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06109
 PHONE: [REDACTED] WEBSITE: [WWW.COGOVERNMENT.CT.GOV](http://www.cogovernment.ct.gov)

ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY - DC

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 SECRETARY OF THE STATE
 CONNECTICUT SECRETARY OF THE STATE

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATT.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: DePanfills & Vallerie, LLC ADDRESS: 25 Belden Avenue CITY: Norwalk STATE: CT ZIP: 06850		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) Redhawk Partners LLC		
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED: ATTACH 8 1/2 X 11 SHEETS IF NECESSARY. The purposes for which the Company is formed are to engage in any lawful act or activity for which limited liability companies may be formed under the Connecticut Limited Liability Company Act.		
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: c/o Tourmaline Partners LLC 680 Washington Boulevard, 10th Fl CITY: Stamford STATE: CT ZIP: 06901		
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: CITY: STATE: ZIP:		
5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: Marc J. Grenier		
BUSINESS ADDRESS [REDACTED] BOX NOT ACCEPTABLE; IF NONE, MUST STATE "NONE" ADDRESS: 25 Belden Avenue CITY: Norwalk STATE: CT ZIP: 06850	CONNECTICUT RESIDENCE ADDRESS [REDACTED] BOX NOT ACCEPTABLE ADDRESS: 242 Franklin Street Ext CITY: Danbury STATE: CT ZIP: 06810	
SIGNATURE ACCEPTING APPOINTMENT: 		

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SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

B. IF AGENT IS A BUSINESS:
PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CT BUSINESS ADDRESS ([REDACTED] UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Daniel M. "Ike" Groff	Manager	580 Washington Blvd, 10th Fl Stamford, CT 06901	159 Denoke Ridge New Canaan, CT 06840
[REDACTED] K. Groff	Member	580 Washington Blvd, 10th Fl Stamford, CT 06901	159 Denoke Ridge New Canaan, CT 06840

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 5th DAY OF June

NAME OF ORGANIZER
(PRINT OR TYPE)

SIGNATURE

Marc J. Grenier

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE
EASILY FILED ONLINE @ www.concord-sofs.ct.gov
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY
POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-3962 OR GO TO www.ct.gov/drs

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office.

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford

this 9th day of June 2014



SECRETARY OF THE STATE