

M17000007688

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H17000240173 3)))



H170002401733ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DIVERSIFIED CORPORATE SERVICES, INT'L, INC.
Account Number : I20090000024
Phone : (518)229-8228
Fax Number : (302)371-9850

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jerry@diversifiedcorp.com

17 SEP - 7 AM 8:49
SULLER
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
NPVFL LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
2017 SEP - 7 AM 10:06
SULLER
TALLAHASSEE, FLORIDA

SEP 13 2017

Electronic Filing Menu Corporate Filing Menu

Y SULKER Help

((H17000240173 3)))

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NPVFL LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, exact alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FBI number, if applicable)

4. SEPTEMBER 08, 2017
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 27 UNION SQUARE WEST, SUITE 503
(Street Address of Principal Office)
NEW YORK, NEW YORK 10003

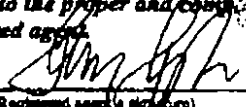
6. 27 UNION SQUARE WEST, SUITE 503
(Mailing Address)
NEW YORK, NEW YORK 10003

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DIVERSIFIED CORPORATE SERVICES INTL, INC.

Office Address: 18560 N BAY ROAD
SUNNY ISLES BEACH, Florida 33160
(City) (Zip code)

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.


(Registered agent's signature)

JERRY JOSEPH, PRESIDENT

DELAWARE
SEP 17 11 49 AM '17
FLORIDA

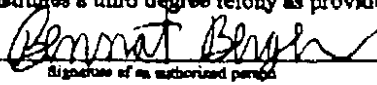
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity	Name and Address	Title or Capacity	Name and Address
<u>MANAGER</u>	<u>BENNAT BERGER</u> <u>27 UNION SQUARE WEST</u> <u>STE. 503, NY, NY 10003</u>	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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

BENNAT BERGER, AUTHORIZED PERSON
Typed or printed name of signer

((H17000240173 3)))

((H17000240173 3)))

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NPVFL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NPVFL LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

17 SEP - 7 AM 8:49
H U
OFFICE OF THE SECRETARY OF STATE
DELAWARE



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6534454 8300

SR# 20176041401

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203175693

Date: 09-06-17

((H17000240173 3)))