

F 09000003547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

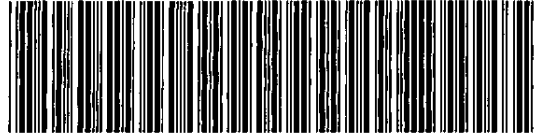
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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gf 9/04/09

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NEW MILLENIA INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PHUONG NGUYEN

Name of Person

LAW OFFICES OF ANDREW J. PRENDIVILLE, APC

Firm/Company

16480 HARBOR BLVD., SUITE 102

Address

FOUNTAIN VALLEY, CA 92708

City/State and Zip code

katbowers@sbcglobal.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phuong Nguyen

Name of Person

at (714) 534-8015

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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2009 SEP -3 PM 4: 25

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. NEW MILLENIA INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

NEW MILLENIA MANAGEMENT INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WYOMING

(State or country under the law of which it is incorporated)

3. 80-0225348

(FEI number, if applicable)

4. JULY 17, 2006

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6619 SOUTH DIXIE HWY, MIAMI, FL 33143

(Principal office address)

6619 SOUTH DIXIE HWY, MIAMI, FL 33143

(Current mailing address)

8. ANY LAWFUL BUSINESS ACTIVITY

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: KATHERINE BOWERS

Office Address: 6619 SOUTH DIXIE HWY

MIAMI

(City)

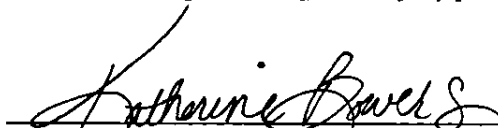
, Florida 33143

(Zip code)

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2009 SEP - 3 PM 4: 25

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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2009 SEP -3 PM 4: 25

A. DIRECTORS

Chairman: KATHERINE BOWERS

Address: 6619 SOUTH DIXIE HWY, MIAMI, FL 33143

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KATHERINE BOWERS

Address: 6619 SOUTH DIXIE HWY, MIAMI, FL 33143

Vice President: KATHERINE BOWERS

Address: 6619 SOUTH DIXIE HWY, MIAMI, FL 33143

Secretary: KATHERINE BOWERS

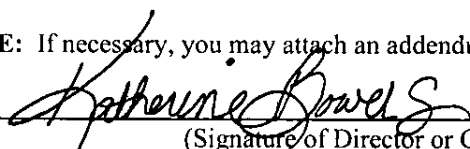
Address: 6619 SOUTH DIXIE HWY, MIAMI, FL 33143

Treasurer: KATHERINE BOWERS

Address: 6619 SOUTH DIXIE HWY, MIAMI, FL 33143

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____



(Signature of Director or Officer listed in number 12 of the application)

14. KATHERINE BOWERS

President

(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

New Millenia, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **July 17, 2006**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2006-000518254**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of August, 2009 at 5:26 PM. This certificate is assigned 005867326.



Max Maxfield
Secretary of State

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2009 SEP -3 PM 4:25

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.