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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NEW HORIZON FINANCIAL CORPORATION

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," or "Certificate of Good Standing" 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:

Antonio Buzaneli

Name of Person

New Horizon Financial Corporation

Firm/Company

240 Crandon Boulevard Suite 271

Address

Key Biscayne, Florida 33149

City/State and Zip code

alopez@provcos.com

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

For further information concerning this matter, please call:

Antonio Buzaneli

Name of Person

at (786) 866-5824 Ext.120

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

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

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AUG -5 AM 10:02
TALLAHASSEE, FL
SECRETARY OF STATE

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 HORIZON FINANCIAL CORPORATION

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

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

2. DE 3. 45-2825666
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 25, 2011 5. Perpetual
(Date of incorporation) (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. 240 Crandon Boulevard Suite 271 Key Biscayne, FL 33149
(Principal office address)

240 Crandon Boulevard Suite 271 Key Biscayne, FL 33149
(Current mailing address)

8. FINANCE

(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)

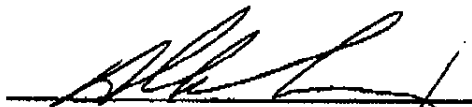
Name: Allan Serchay

Office Address: 5300 NW 33 Avenue Suite 117

Fort Lauderdale, Florida 33309
(City) (Zip code)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Antonio Buzanelli

Address: 240 Crandon Boulevard Suite 228 Key Biscayne, FL 33149

Director: Sanjiv Matta

Address: 240 Crandon Boulevard Suite 228 Key Biscayne, FL 33149

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Julio Rivera

Address: 240 Crandon Boulevard Suite 228 Key Biscayne, FL 331

Treasurer: _____

Address: _____

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Antonio Buzanelli

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

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24 AUG - 5 AM 10:02
RECORDS OF STATE
TALLAHASSEE, FL 32301

Delaware

PAGE 1

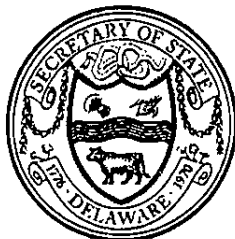
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW HORIZON FINANCIAL CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2011.

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SECRETARY OF STATE
DELAWARE



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8924914

DATE: 07-25-11