

3/2/2015

Division of Corporations

F1500000/309

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : 120090000081
Phone : (509)768-2249
Fax Number : (855)330-1010

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
NEXT TIER MANAGERS SERVICES CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

K 03/30/15

15 MAR 27 AM 8:52

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAR 27 PM 2:33

RECEIVED
INFORMATION

**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. NEXT TIER MANAGERS SERVICES CORP.

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

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

2. DELAWARE

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

3. 46-2961503

(FEI number, if applicable)

4. 04/02/2013

(Date of incorporation)

5. PERPETUAL

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

6. 02/02/2015

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

7. 1 PENN PLAZA - SUITE 2601, NEW YORK, NY 10119

(Principal office address)

1 PENN PLAZA - SUITE 2601, NEW YORK, NY 10119

(Current mailing address)

8. BUSINESS SERVICES

(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:

REGISTERED AGENTS INC.

Office Address:

3030 N. Rocky Point Dr, STE 150A

Tampa

(City)

Florida 33607

(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.



Bill Havre - President

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: CHRISTINA REARDON

Address: 61 NEW SOUTH RD
HICKSVILLE, NY 11801

Director: _____

Address: _____

B. OFFICERS

President: CHRISTINA REARDON

Address: 61 NEW SOUTH RD, HICKSVILLE, NY 11801

Vice President: JODI PLETT

Address: C/O ELITE EA
2875 SOUTH OCEAN BLVD, SUITE 20, PALM BEACH, FL 33480

Secretary: CATHLEEN REARDON

Address: 61 NEW SOUTH RD, HICKSVILLE, NY 11801

Treasurer: CHRISTINA REARDON

Address: 61 NEW SOUTH RD, HICKSVILLE, NY 11801

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

13. Christina Reardon
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. Christina Reardon, President
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "NEXT TIER MANAGERS SERVICES CORP." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF APRIL, A.D. 2013, AT 12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "NEXT TIER MANAGERS SERVICES CORP."

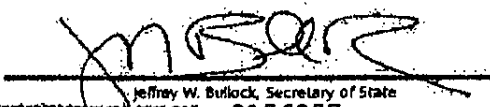
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at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2156357

DATE: 02-27-15