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-	(Requestor's Name)
·	(Address)
	(Address)
· . · •	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies _	Certificates of Status
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02/20/18--01023--028 **70.00



IIIZIACO

February 5th, 2018

Florida Department of State Division of Corporations

Re: NTS W. USA, LLC

Dear Sir or Madam:

NTS W. USA, LLC has no intention of reinstating the administratively dissolved LLC and we would like to se the same name to form a new entity. Please see attached the registration to form the new foreign florida corporation, NTS W. USA, Corp. Also attached are the conversion documents from Delaware.

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there are any questions, please feel free to reach out to 646-356-4451.

Regards,

LC Member with signature authority

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COVER LETTER

TO: Registration Section Division of Corporations

NTS W. USA, CORP SUBJECT:

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.

Name of Person

Please return all correspondence concerning this matter to the following: FLORENCIA PAOLA DONINI

DESIGUAL

Firm/Company 958 AVENUE OF THE AMERICAS, FL 4

Address

NEW YORK, NY 10001

City/State and Zip code FP.DONINI@DESIGUAL.COM E-mail address: (to be used for future annual report notification) ວນ How For further information concerning this matter, please call: HELEN FESTA. 646 356-4451 Daytime Telephone Number Name of Person Area Code 71 STREET/COURIER ADDRESS MAILING ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL: 32301

Enclosed is a check for the following amount:

S70.00 Filing Fee	Certificate of Status	Certified Copy	\$87.50 Filing Fee, Certificate of Status &
			Certified Copy

APPLICAT	'ION BY	FOREIGN CORPORATION FOR AUTHORIZA	TION TO	TRANSACT
	• •	BUSINESS IN FLORIDA	•	

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

NTS W. USA, CORP

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6.

(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) DELAWARE

(State or country under the law of which it is incorporated) (FEI number, if applicable) JANUARY 1, 2016

(Date of incorporation) (Date of duration, if other than perpetual)

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) S8 AVENUE OF THE AMERICAS, FL 4

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		. (Principal off	fice address)	
	NEW YORK, N	Y 10001	•	
		(Current mailing add	fress, if different)	
8	Name and stre	et address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
	Name:	NRAI SERVICES, INC		
no	ice Address:	1200 SOUTH PINE ISLAND ROAD		S3
		PLANTATION	33324 , Florida	
		(City)	(Zip code)	•

9. 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 dudes, and I am familiar with and accept the obligations of my position as registered agent.

, ast.

(Registered agent's signature)

10. 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.

A. DIRECTORS. Chorman Thomas A. Meyer Pesseig Mare Nostrum, 15 Berecton, Spain 08039 Vie Chairman Address Director: Address Director: Address: B. OFFICERS President: Thomas A. Meyer President: More Nostrum, 15 Barceton, Spain 08039 Vice President: Address: Passig Mare Nostrum, 15 Barceton, Spain 08039 Vice President: Address: Thomas A. Meyer Pesseig Mare Nostrum, 15, Barcetona, Spain 08039 Thomas A. Meyer Pesseig Mare Nostrum, 15, Barcetona, Spain 08039 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12)		II. Nat	nes and business addresses of officers and/or directors:				
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Address: Pascig Mare Nostrum, 15 Barcelona, Spain 08039 Vice Chairman: Address: Director: Address: Pascig Mare Nostrum, 15 Barcelona, Spain 08039 Vice President: Address: Thomas A. Meyer Secretary: Passeig Mare Nostrum, 15, Barcelona, Spain 08039 Vice President: Address: Thomas A. Meyer Passeig Mare Nostrum, 15, Barcelona, Spain 08039 Vice Treastret: Passeig Mare Nostrum, 15, Barcelona, Spain 08039 Vice Treastret: Passeig Mare Nostrum, 15, Barcelona, Spain 08039 Vice Treastret: Passeig Mare Nostrum, 15, Barcelona, Spain 08039		·	Thomas A. Meyer			•	
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President: Address: Passeig Mare Nostrum, 15 Barcelona, Spain 08039 Vice President: Address: Thomas A. Meyer Secretary: Passeig Mare Nostrum, 15, Barcelona, Spain 08039 Address: Treasurer: Thomas A. Meyer Passeig Mare Nostrum, 15, Barcelona, Spain 08039 Address: Treasurer: Passeig Mare Nostrum, 15, Barcelona, Spain 08039 Address: Thomas A. Meyer Treasurer: Thomas A. Meyer Thomas A. Meyer Treasurer: Passeig Mare Nostrum, 15, Barcelona, Spain 08039 Address: Passeig Mare Nostrum, 15, Barcelona, Spain 08039 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		B. OFI			,		
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		NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	/or directo	ors.		
Signature of Director or Officer	ĺ,	12.)				_ ·	
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The officer or director signing this document (and who is listed in number 11 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				 	 	· ·	
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.	l	13. 1	(Typed or printed name and capacity of person signing application)	100/		- <i>:</i>	
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. 13. Thomas A. Meyer, Sole Director and President.							
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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NTS W. USA, CORP." 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 SEVENTH DAY OF FEBRUARY, A.D. 2018.

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Authentication: 202106862 Date: 02-07-18

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SR# 20180793313 You may verify this certificate online at corp.delaware.gov/authver.shtml