702000016574

TRANSMITTAL LETTER

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

SUBJECT:

NEWA Enterprises, LLC

(Proposed LLC name - must include suffix)

Enclosed is an original and (1) copy of the LLC and a check for:

À\$100.00 Filing Fee

□\$25.00

Designation

Of Registered

Agent

\$30.00 ertified Copy □\$5.00

Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

NEWA Enterprises, LLC

Name (Printed or Typed)

-07/01/02---01081---03S ****130.00 ****130.00

3359 West Vine Street - Suite 104

Address

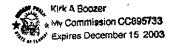
Kissimmee, FL 34741

City, State, & Zip

407-944-0024

Daytime Telephone Number

Note: Please provide the original and one copy of the articles.





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC The nan	LE I – Name ne of the Limited Liability Company is: NEWA Enterprises, LLC		
The mai	LE II – Principle Office iling address and street address of the principal officer of the Limited Liability Compa West Vine Street – Suite 104, Kissimmee, FL 34741	any	
ARTIC	LE III – Registered Agent, Registered Office, and Registered Agent's Signatur	e:	
	Rajesh Prasad Kasaju		
	Name		
	3359 West Vine Street – Suite 104		
	Florida Street Address (P. O. Box NOT acceptable)		
	Kissimmee, FL 34741		
	City, State, and Zip		
limited l appoints the prov am famil Chapter	been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the ment as registered agent and agree to act in this capacity. I further agree to comply visions of all statutes relating to the proper and complete performance of my duties, a liar with and accept the obligations of my position as registered agent as provided for 608, F. S. Registered Agent's Signature LE IV – Management (Check box if applicable.)	with and I	SECRETA
			87
	The Limited Liability Company is to be managed by one manager or more manage and is, therefore, a manager – managed company.	44 :6 8	ORFORATIONS
	(An additional article must be added if an effective date is requested)		
	Roshan Kazain		
_ -	Signature of a member or an authorized representative of a member.		
(Ĭr	accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		

Roshan Prasad Kasaju
Typed or printed name of signee

