

L 020000016574

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:

☒ \$100.00
Filing Fee

☐ \$25.00
Designation
Of Registered
Agent

☒ \$30.00
Certified Copy

☐ \$5.00
Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: NEWA Enterprises, LLC
Name (Printed or Typed)

600006135826--7
-07/01/02--01081--035
****130.00 ****130.00

3359 West Vine Street – Suite 104
Address

Kissimmee, FL 34741
City, State, & Zip

407-944-0024
Daytime Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL - 1 AM 9:44
WLC7/2

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



Kirk A. Boozer
My Commission CC895733
Expires December 15 2003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is: NEWA Enterprises, LLC

ARTICLE II – Principle Office

The mailing address and street address of the principal officer of the Limited Liability Company is: 3359 West Vine Street – Suite 104, Kissimmee, FL 34741

ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

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

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.

Rajesh Kasaju

Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

Roshan Kasaju

Signature of a member or an authorized representative of a member.

(In 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

FILED
SECRETARY OF STATE
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