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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEW HARROR VIEW Co Hages, LUC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business i Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Edward M, AWAREZ (Name of Person)
(Name of Person)
New 1 thre BOR VIEW Collages, LC 2 =
(Firm/Company)
(Name of Person) New 1tar Bor VIEW Colfages, LC 2 F (Firm/Company) 2770 N.W. 11 St
(Address)
MAM, FC, 33125
(City/State and Zip Code)
For further information concerning this matter, please call:
Edward Amerez at (305) 343-1173
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

☐ \$130.00 Filing Fee & ☐ \$ Certificate of Status

☐ \$125.00 Filing Fee

□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate atus Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. NEW HARBOR VIEW COHINGER, WC,
(Name of Foreign Limited Liability Company)
2. WAING (Jurisdiction under the law of which foreign limited liability company is organized) 3. 01-0525034 (FEI number, if applicable)
4. WARCH 18 th 2000 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. PENTING Registration (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2770 N.W. 11St
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows:
Eduard M. Awarez 2770 N.W. 11St Miami, Fc. 35725
Eduard M. Awarez 2770 N.W. 11St Miami, Fr. 33725 Dennis St. Martin 2770 N.W. 11St Miami, Pr. 33125
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: PERSENCE and
Small Businass Accounting and Bookerping Services.
21
Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Edward M. Amourez
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NEW HARBOR VIEW Coltages, LAC		
2. The name and the Florida street address of the registered agent and office are:	7.5. 9.5	
Edward, W. Alwarez	OS MAR 21 PH 12: 42 SLUIATIO SEE SLURIDA	<u> </u>
* *		
2770 N.W. 11 St.	PH N	=
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	5F 2	
City/State/Zip	_	
City/State/Zip		
Having been named as registered agent and to accept service of process for the above a liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Florida of	tment as registere f all statutes md accept the	ď
26	-	
(Signature)		

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of Maine

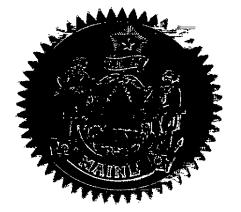


Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of formation, amendment, and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that NEW HARBOR VIEW COTTAGES, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is March 15, 2000.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this tenth day of March 2005.

MATTHEW DUNLAP
Secretary of State