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(Daguactoric Nama)				
NEW HORIZON ASSET MANAGEMENT 11 RACQUET RD NEWBURGH NY 12550-5710 USA				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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B. BOSTICK

JUL 27 2011

EXAMINER

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 FOLLOWING IS SUBMITTED TO R	•
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi Company," "L.E.C," "LLC.")	
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	-
4. 2/24/1994 5. (Duration: Year limited liability company will cease to	_
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	-
7. II RASSUCT Rel SUITE 3 E E NEWBUNGH NY 1255 ES ES (Street Address of Principal Office)	- 1
Mempingh NA 15220 BE S	CTYTEAS CTOTES
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:	
STEVEN K GIENNON	<u>.</u>
NEW HONIZONS ASSET MANAGEMENT G.	n Jupo LL (
STEVEN R GIERDON NEW HONIZONS ASSET MANAGEMENT GO 11 RACQUET RA, SUITE 3 NEW BUTCH, MY	112550
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reche 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 oath of the translator must be submitted.)	
Planding Final Cial Planding Formation of the conducted or promoted in Florida: Final Cial Planding Cial Cial Planding Cial Cial Cial Cial Cial Cial Cial Cial	-
Signature of a member or 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. I am aware that any 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.)	

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	HONIZONS ASSET MIN	1. VA 6. 67M67T	GNOUP LL
If unavailable, th	ne alternate to be used in the state of Florida is:		
2. The name and	d the Florida street address of the registered age	ent and office are:	
	STEVEN R G/EMPY	n .	٠.
•	(Name)		
	THE CREXENT BUS		
-	Florida Street Address (P.O. Box NOT AC 601 NENTAGE D JUPITER FL City/State/Zip	CCEPTABLE)	SE 1
	601 110111100	3211 5 A	TI JUL 27
-	JUDITER FL.	5777 8	S 2
	Oity Death sily		
Harima kama a an	ed as registered agent and to accept service of p	rooms for the above state	
riaving been nam liability company	at the place designated in this certificate. I hereb	by accept the appointmen	t axregistered
	o act in this capacity. I further agree to comply v		
	oper and complete performance of my duties, and position as registered agent as provided for in ζ		
obsequences of my	VIZ		
	then Min	<u>~</u>	
<u></u>	(Signature)		
<i>*</i>			
٣)	\$ 100.00 Filing Fee for App		
	\$ 25.00 Designation of Re \$ 30.00 Certified Copy (o)	_	
	\$ 5.00 Certificate of Stat		

State of New York Department of State } ss:

I hereby certify, that NEW HORIZONS ASSET MANAGEMENT, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/19/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

An Affidavit of Publication of NEW HORIZONS ASSET MANAGEMENT, L.L.C. was filed on 02/24/1999.

An Affidavit of Publication of NEW HORIZONS ASSET MANAGEMENT, L.L.C. was filed on 02/24/1999.

A certificate changing name to NEW HORIZONS ASSET MANAGEMENT GROUP, L.L.C. was filed on 12/17/1999.

- A Biennial Statement was filed 11/15/2000.
- A Biennial Statement was filed 10/22/2002.
- A Biennial Statement was filed 12/02/2004.
- A Biennial Statement was filed 11/10/2006.
- A Biennial Statement was filed 11/06/2008.
- A Biennial Statement was filed 11/19/2010.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of July two thousand and eleven.

Daniel Shapiro

First Deputy Secretary of State

TI JUL 27 PH 4: 09



July 22, 2011

STEVEN R. GLEASON 11 RACQUET ROAD NEWBURGH, NY 12550

SUBJECT: NEW HORIZONS ASSET MANAGEMENT GROUP LLC

Ref. Number: W11000038546

We have received your document for NEW HORIZONS ASSET MANAGEMENT GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Letter Number: 811A00017364

Barbara Bostick Regulatory Specialist II

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