# M12000005446

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflone #)
PICK-UP WAIT MAIL
(Dusiness Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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12 SEP 27 PH 3: 14

SECRETARY OF STATE
DIVISION OF CORPORATIONS

245342 CTC

SEP 2 8 2012 T. HAMPTON

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT				
	N	Name of Limited Liability Company		
		iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.		
Please retu	arn all correspondence concerning this	matter to the following:		
	JACK MELA	ND		
		Name of Person		
	NewTech of	Florida, LLC		
	Firm/Company			
	PO BOX 2861			
		Address		
VANCOUVER, WA 98668				
		City/State and Zip Code		
		orida@gmail.com		
	E-mail address	(to be used for future annual report notification)		
For further	information concerning this matter, pl	ease call:		
	JACK MELAND	at ( 360 ) 936-0322		
	Name of Person	Area Code & Daytime Telephone Number		
D R P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle		
	is a check for the following amo	Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate		



#### RECEIVED

12 SEP 27 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 20, 2012

JACK MELAND NEWTECH OF FLORIDA LLC P O BOX 2861 VANCOUVER, WA 98668

SUBJECT: NEWTECH OF FLORIDA, LLC

Ref. Number: W12000048542

We have received your document for NEWTECH OF FLORIDA, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 212A00023612

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that w	e are the Managers and/or Managing
Members of New Tech of f (Name of Limited L	Lorida LLC. Liability Company)
a limited liability company duly organized and	d existing under the laws of
(State or Country of Organization)	<b></b>
Because the name of this foreign limited liabil	lity company does not satisfy the
requirements of the s. 608.406, F.S., the limite	ed liability company hereby adopts the
following name to transact business in the state	
(Name to be used by limited liability company in Florida. No Company, L.L.C., or LLC.)	OTE: Name must end with Limited Liability
Date: $\frac{9/27/20/2}{}$	
Signature(s) of Manager(s) and/or Managing I	
- Gan Well	Jack Meland (Sole Manager)
	DIVISION SE
	SEGRETARY OF CORN 12 SEP 27 PM
	<b>그</b> 최소원

CR2E122 (7/07)

### 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 RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPAINT TO TRANSACT BUSINESS IN	THE STATE OF FLORIDA:
NewTech of Florida, LLC (Name of Foreign Limited Liability Company; must	t include "Limited Liability Company," "L.L.C.," or "LLC.")
→ NTI FinishFirst Florida, LLC	
	purpose of transacting business in Florida and attach a copy of the writte a alternate name. The alternate name must include "Limited Liability
WYOMING	3
(Jurisdiction under the law of which foreign limited liabs company is organized)	lity (FEI number, if applicable)
SEPTEMBER 10, 2012	5. PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
	in Florida, if prior to registration.)
(Date first transacted business (See sections 608.501 & 608.50	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)
7. 901 SW 17TH STREET	P 200
FORT LAUDERDALE, FL 33315	3. ANTE-
(Street Ad	dress of Principal Office)
JACK MELAND, 12511 NE FOURTH PL	managing members or managers are as follows:  AIN RD, VANCOUVER, WA 98682 (50/2 Mg/.)
	in 90 days old, duly authenticated by the official having custody of records in tocopy is not acceptable. If the certificate is in a foreign language, a e submitted.)
1. Nature of business or purposes to be conducted	ed or promoted in Florida:
WHOLESALE AUTOMOBILE PAINT I	REPAIR SERVICES
Set 7	an authorized representative of a member.
Signature of a member or a	n authorized representative of a member.
(In accordance with section 608.408(3), F.S., the penalties of perjury that the facts stated herein	e execution of this document constitutes an affirmation under the are true. I am aware that any false information submitted in a titutes a third degree felony as provided for in s.817.155, F.S.)
JACK ME	LAND
Typed or pri	inted 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:
NewTech of Florida, LLC
If unavailable, the alternate to be used in the state of Florida is:
NTI FINISHFIRST FLORIDA, LLC
2. The name and the Florida street address of the registered agent and office are:
JAMES RUTLEDGE
(Name)
901 SW 17TH STREET
Florida Street Address (P.O. Box NOT ACCEPTABLE)
FORT LAUDERDALE FL 33315 City/State/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, Florida Statutes.

(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 WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### NewTech of Florida, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **September 10, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000629082**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of September, 2012 at 10:09 AM. This certificate is assigned 012606818.



May Malfield
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.