

M15000008070

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

WRONG FORM 15-65329

Office Use Only



200277340012

10/09/15--01001--026 **46.25

09/28/15--01035--018 **78.75

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2015 OCT -5 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
OCT -9 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2015

THABADESA ASSOCIATES INC
THAMARA PEREZ
419 W 49 ST, STE. 111
HIALEAH, FL 33012

SUBJECT: NEW HORIZONS ASSETS LLC
Ref. Number: W15000065329

We have received your document for NEW HORIZONS ASSETS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

NOTE: Filing fees differ,

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 715A00020764

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW HORIZONS ASSETS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in 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:

THAMARA PEREZ

Name of Person

TABADESA ASSOCIATES INC

Firm/Company

419 W 49 ST STE 111

Address

HIALEAH, FL 33012

City/State and Zip Code

TAMMYP@TABADESA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THAMARA PEREZ

305
at ()

558-0622

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NEW HORIZONS ASSETS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ISLAND OF NEVIS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 419 W 49 ST STE 111
HIALEAH, FL 33012
(Street Address of Principal Office)

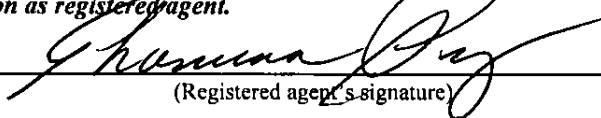
6. 419 W 49 ST STE 111
HIALEAH, FL 33012
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: THAMARA PEREZ
Office Address: 419 W 49 ST STE 111
HIALEAH, Florida 33012
(City) (Zip code)

Registered agent's acceptance:

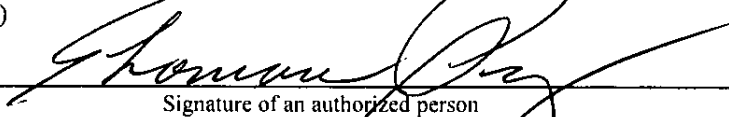
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

THAMARA PEREZ, MANAGER

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

THAMARA PEREZ
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ISLAND OF NEVIS
OFFICE OF THE REGISTRAR OF COMPANIES**

CERTIFICATE OF GOOD STANDING

I HEREBY CERTIFY that

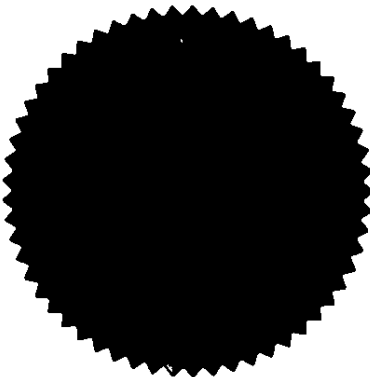
New Horizons Assets LLC

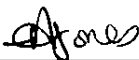
was duly formed and existence commenced under the provisions of the Nevis Limited Liability Company Ordinance 1995, as amended, on

2nd September, 2015

I FURTHER CERTIFY that according to the records of this office the said company is in Good Standing and has legal existence as of the date below shown.

**Given under my Hand & Seal at Charlestown
This 10th day of September, 2015**





for Registrar of Companies

No. L 17175

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TALLAHASSEE, FLORIDA