# MICOCOHAZZ

(Requestor's Name)						
,, (Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W16 -337 (6						
W16 -337 (6) Nong Form for For LLC -						
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Office Use Only



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SECRETARY SE STATE
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2016

TIM HUTCHINGS 701 SENECA ST., STE. 655E BUFFALO, NY 14052

SUBJECT: NEW ERA ASSET MANAGEMENT, LLC

Ref. Number: W16000033716

We have received your document for NEW ERA ASSET MANAGEMENT, 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):

You have submitted forms to qualify a foreign corporation; however your entity is a limited liability company. Please complete and return the enclosed blank form(s).

The fee to file the foreign limited liability company is \$125.00. Therefore there is a balance due of \$46.25. Please add an additional \$5.00 for a certificate of status or and/or \$30.00 for a certified copy. The certification is optional.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 816A00009643

### **COVER LETTER**

_	stration Section sion of Corpora								
SUBJECT:	New Era Asset	Management, LLC							
SUBJECT:		Name of co	rporation	- must in	clude suffix	<u>.</u> =			
Dear Sir or N	/ladam:								
"Certificate of	of Existence," o	y Foreign Corpor r "Certificate of C poration to transa	Good Stan	ding" and	d check are sub				<b>53</b>
Please return Tim Hutching	-	ence concerning t	his matter	to the fo	llowing:				
		<del>-</del>	Name of I	Person	·				
New Era Asse	et Management, I	LC							
<del></del>			irm/Com	pany					
701 Seneca St	t, Suite 655E, Bu	ffalo, NY 14052							
Address						2016			
Buffalo, NY 1	14052					A			
		Ci	ty/State ar	nd Zip co	de	ASS	37.	26	
thutchings@n	=					('T	1		
	E	-mail address: (to	be used f	or future	annual report	notification	n)	Δ =	U
For further in	nformation cond	erning this matte	r, please c	all:			7 N	32	
Tim Hutching	gs	at (	716	36205	33	-			
<del> </del>			Area Code	de Daytime Telephone Number					
Regi Divi: Clift 2661 Talla	SEET/COURIE stration Section sion of Corpora on Building Executive Cen ahassee, FL 323	tions ter Circle			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporation 7			
Enclosed is a	t check for the f	ollowing amount	•						
□ \$70.00 Fi	iling Fee	\$78.75 Filing Fe Certificate of St			Filing Fee & ed Copy		tifica	_	tatus &

## 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:

New Era Asset Managm	-				<del></del>
(Name of Forei	gn Limited Liability Company; mus	t include "Limited Liability Compa	my," "L.L.C.,'	or "LLC.")	
If name unavailable, enter alto Liability Company," "L.L.C,"	ernate name adopted for the purpose	of transacting business in Florida.	The alternate	name must include	"Limited
New York	o. <b>556</b> . )	3. 811217086			
(Jurisdiction under the law o company is organized)	f which foreign limited liability	(FEI num	ber, if applica	ble)	
4					
	(See sections 605.0904 & 605.0	ss in Florida, if prior to registration 0905, F.S. to determine penalty lial	.) pility)		
5. 701 Seneca St, Suite 65	5E		<del> </del>	-	
Buffalo, NY 14210					
6. 701 Seneca St, Suite 655	(Street Address of P	rincipal Office)			
Buffalo, NY 14210	(Mailing A	Address)		<del></del>	
7 Name and street address	of Florida registered agent: (P.			2016 MAY 26 SECRUTARY TALLAHASSI	eri tanc
<del>.</del>	REGISTERED AGENTS I	-			Market Market
Name:	3030 N. Rocky Point D			26 SSE	
Office Address:			33607	T S >	
	TAMPA (City)	, Florida	(Zip code)	<del>- 동</del> 목 = -	
Registered agent's accept	ance: vistered agent and to accept serv	ice of process for the above sta	ited cornoral	tion at the place of	lesienated in
this application, I hereby a	eccept the appointment as regist	ered agent and agree to act in t	this capacity.	. I further agree	to comply
with the provisions of all s the obligations of my posit	tatutes relative to the proper and ion as registered agent				
	Bel Man	Bill Havre/Assistan	t Secretar	y/Registered . ——	Agents In
	(Registe	ered agent's signature)			
•	city and address of the person(s)		age is/are:		
Tim Hutchings, President,	701 Seneca St, Suite 655E, Buff	Falo, NY 14210			
9. Attached is a certificate	of existence, no more than 90 da	ys old, duly authenticated by the	e official hav	ing custody of rec	ords in the
jurisdiction under the law o of the translator must be su	of which it is organized. (If the cobmitted)	ertificate is in a foreign language	e, a translatic	on of the certificat	e under oath
	· •	of an authorized person			
	Signature	of an authorized person			
This document is executed	in accordance with section 605.0	0203 (1) (b), Florida Statutes. I	am aware tha	t any false informa	ation
Submitted in a document to	the Department of State constitu			.0.1,1.0., 1.0.	
	Typed or p	orinted name of signee			

## State of New York **Department of State**

I hereby certify, that NEW ERA ASSET MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/13/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 20th day of April two thousand and sixteen.

Stating Sicidina

Executive Deputy Secretary of State