# MMDDDD 1837)

(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:				
2821 W17-14567				

Office Use Only



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MAR 0 3 2017 S. YOUNG SECRETARY OF STATE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2017

JAY NOIMAN NEW CAPITAL ADVISORS 1650 S DIXIE HIGHWAY STE 200E BOCA RATON, FL 33432

SUBJECT: NEW CAPITAL ADVISORS, LLC

Ref. Number: W17000014567

We have received your document for NEW CAPITAL ADVISORS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 917A00003295

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www.sunbiz.org

#### COVER LETTER

TO: Registration Section Division of Corporate				
SUBJECT:	lew Capital Name of	Advisors, ( Limited Liability Company	LCC	
The enclosed "Application by Existence, and check are subm				
Please return all correspondence	ee concerning this matter to the	following:		
	Jay Noin	AGA		
		tal Advisor	2	17 FEB
163		History S Address	E, L, 200 E	17 PM 12:
	Boca Ras	State and Zip Code	BAUBIA 3.	3432 E
<del>,,</del>	E-mail address: (to be use	Moiman who	Americ Contification)	គ
For further information concer	ning this matter, please call:			
Jay Nam	O'MA /	at (S6/) Sara Code Day	time Telephone Number	2
MAILING ADDRES Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons	Division Registrat Clifton E 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301	
Enclosed is a check for the foll \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, of Status & Certified C	

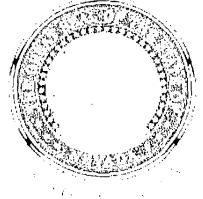
### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter al	ternate name adopted for the purpose of transacti	ng business in Florida. The alternate name must include	ited
Liability Company," "L.L.C.			
2. Nevada	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida (See sections 605,0904 & 605,0905, F.S. to	if prior to registration.)	
5	(See Sections Goods 2009 & Goods 2005, P.S. G	determine penanty hability;	ا بمسر
1650 South Dixie Highw	ay, Suite 200 E Boca Raton, FL 33432		7 FEB
	(Street Address of Principal Off	ce)	فعا
6. Same as above	11		<u> </u>
	(Mailing Address)		YA K
<ol><li>Name and street addres</li></ol>	ss of Florida registered agent: (P.O. Box NO	OT acceptable)	`• -
Name:	Registered Agents Inc.		(
Office Address:	3030 N. Rocky Point Dr. STE 150A		
	Tampa	, Florida 33607	
Registered agent's accep	(City)	(Zip code)	
designated in this applica to complywith the provisi	tion, I hereby accept the appointment as rej	ess for the above stated limited liability company eistered agent and agree to act in this capacity. I complete performance of my duties, and I am fo	further agree
	(Registered agent's	signature)	
8. The name, title or capa	acity and address of the person(s) who has/ha	ve authority to manage is/are:	
1650 South Dixle Highway,	Suite 200 E Boca Raton, FL 33432		
	of which it is organized. (If the certificate is	authenticated by the official having custody of rein a foreign language, a translation of the certification	
	Signature of an author	ized person	
		, Florida Statutes. I am aware that any false inform legree felony as provided for in s.817.155, F.S.	ation
		ai Man	

Typed or printed name of signee

SICRITIKY OF STAM



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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NEW CAPITAL ADVISORS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 27, 2017.

BARBARA K. CEGAVSKE Secretary of State

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Electronic Certificate

Certificate Number: C20170227-2519 You may verify this electronic certificate online at http://www.nvsos.gov/