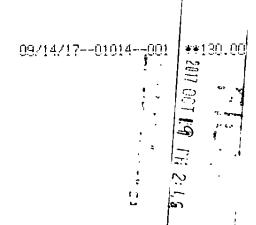
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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		





700303407837



ORT 2.5 7MM J. HARRIS

COVER LETTER

TO:

Registration Section

SUBJECT: Nova Inv	entions, LLC				
	Name of	Limited Liability (Company		
The enclosed "Application by Fo Existence, and check are submitt					
lease return all correspondence	concerning this matter to the	e following:			
Susan B. Ezel					
	١	lame of Person			
Ward and Smi	th, P.A.				
	ì	Firm/Company			
Post Office Bo	ox 867				
		Address			
	2005/200/5				
New Bern, NO		State and Zip Code			,
	·	,			
sbe@wardand	smith.com E-mail address: (to be use	od for futura annua	l ranget not	ification)	
	·	d for future annua	report no	incanni	
for further information concerning	ng this matter, please call:				
Susan B. Ezell		252	672-55	26	
Name	of Contact Person	at (Area Code	_) Day	time Telephone Number	•
MAILING ADDRESS				ADDRESS:	
Division of Corporation Registration Section	S			of Corporations ion Section	I
P.O. Box 6327			Clifton B	uilding	
Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
enclosed is a check for the follow	_				
☐ \$125.00 Filing Fee	Filing Fee \$\Bigsis \text{\$130.00 Filing Fee & } \Bigsis \text{\$155.00 Filing Fee & } \Bigsis \text{\$160.00 Filing Fee & } \Bigsis \text{\$Certified Copy}\$ of Status & C		□ \$160.00 Filing Fee, Cer	tificate	



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2017

SUSAN B EZELL WARD AND SMITH, PA POST OFFICE BOX 867 NEW BERN, NC 28563-0867

SUBJECT: NOVA INVENTIONS, LLC

Ref. Number: W17000074566

We have received your document for NOVA INVENTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00018919

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. NOVA Inventions, 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. North Carolina (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon registration. (Date first transacted business in Florida, if prior to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty hability) 6. 2818 Grand Cayman Street 2818 Grand Cayman Street (Street Address of Principal Office) (Mailing Address) Sarasota, FL 34231 Sarasota, FL 34231 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Vana Prewitt Name: 2818 Grand Cayman Street Office Address: Sarasota , Florida _34231 (City) 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Vana Prewitt 218 Grand Cayman Street Sarasota, Fl. 34231 (Use attachments if necessary) 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) 10. 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 of Istilia a third degree felony as provided for in s.817.155, F.S. Vana Prewitt Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

NOVA INVENTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 13th day of April, 2017, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online,

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of September, 2017.

Elaine I. Marshall

Secretary of State