## 118000001567

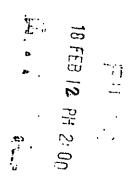
(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
	,g	ļ
		]

Office Use Only



900308923859

02/12/18--01009--011 \*\*125.00



## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NRWA HOLDINGS 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:					
SCOTT KILLY Name of Person					
Name of Person					
NRWA HOLDINGS LLC					
Firm/Company					
595 STEWANT AVE SUITE SSU					
1 Samuel Gastri					
GARDEN CITY, N. 7 11530 City/State and Zip Code					
F-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Scott Kilky at Sile + 486 - 5250  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					

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

WEW YORK STATE	3	rame mail probab		
NEW YORK STATE  Transmittable, error alternation receive excepted for the purpose of transacting business in Flori  WEW YORK STATE  Tradection under the law of which foreign luminous labelity occupiers is organized.	3	rame mail probab		
WEW YORK STATE	3	45-		
WEW YORK STATE	3	45-	Tanana I makaba Canana "	710*~***
Are which the law of which foreign lamined labelity company a organized     20   20   8   Date first transacted business in Florth, if prior to in (See sections (05 0504 & 605 0908, F.3 to determine     Street Address of Principal (Office)		73 -		2
, ,			DEL ampa d'ambable	<u> </u>
//20/2018  //Date first transacted business in Florida, if prior to in (See sections (05 0904 & 605 0905, F.S. to determine (Served Address of Principal (Office))	egistration.)			
(See sections 605 0904 & 605 0905, F.S. to determine (See sections 605 0904 & 605 0905, F.S. to determine (See Address of Proceed) (Office)	efastame.)		<del></del>	
STEW ANT AVE	n beargh pepay	r)		
(Street Address of Prenaval (Office)	6.		SAME	
,			(Madag Address)	
SUITE 550				، معز . <del>دوج</del>
GARDEN CITY, NY 1530				
				*
ame and street address of Florida registered agent; (P.O. Box	NOT accep	table)		>
	- <del> 1</del> (			
Office Address: 23110 STATE 10	7 24	_		
LUTZ, FL		Vincida.	72549	
		, rionas _	(Zp cute)	
stered agent's acceptance: ing been named as registered agent and to accept service of p mated in this application, I hereby accept the appointment as mply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agegs.	process for t s registered	he above star agent and ag	ree to act in this cape	scity. I furthe
stered agent's acceptance: ing been named as registered agent and to accept service of p mated in this application, I hereby accept the appointment as mply with the provisions of all statutes relative to the proper	process for t s registered	he above star agent and ag	ree to act in this cape	scity. I furthe
stered agent's acceptance: ing been named as registered agent and to accept service of p inated in this application, I hereby accept the appointment as imply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent.  (Regnared agent's	process for to s registered and comple	he above star agent and ag de performas	eree to act in this cape nce of my duties, and	scity. I furthe
istered agent's acceptance: ing been named as registered agent and to accept service of p gnated in this application, I hereby accept the appointment as amply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent    Required agent's s   The name, title or capacity and address of the person(s) who ha	process for its registered and comple	he above star agent and ag de performan	ree to act in this cape nce of my duties, and ge is/are:	ocity. I furthi I am familiai
istered agent's acceptance: ing been named as registered agent and to accept service of p gnated in this application, I hereby accept the appointment as simply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent.  (Required agent's n  The name, title or capacity and address of the person(s) who ha  Title of Capacity:  Name and Address:	orocess for to s registered and comple 	he above star agent and ag de performas	ree to act in this cape nce of my duties, and ge is/are:	scity. I furthe
istered agent's acceptance: ing been named as registered agent and to accept service of p gnated in this application, I hereby accept the appointment as omply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent.  (Required agent's a  The name, title or capacity and address of the person(s) who ha Title of Capacity:  Name and Address:	orocess for to s registered and comple 	he above star agent and ag de performan	ree to act in this cape nce of my duties, and ge is/are:	ocity. I furthi I am familiai
istered agent's acceptance: ing been named as registered agent and to accept service of p gnated in this application, I hereby accept the appointment as omply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent.  (Required agent's a  The name, title or capacity and address of the person(s) who ha Title of Capacity:  Name and Address:	orocess for to s registered and comple 	he above star agent and ag de performan	ree to act in this cape nce of my duties, and ge is/are:	ocity. I furthi I am familiai
istered agent's acceptance: ing been named as registered agent and to accept service of p gnated in this application, I hereby accept the appointment as emply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent.  (Regnared agent's a  The name, title or capacity and address of the person(s) who ha  Title or Capacity:  Name and Address:	orocess for to s registered and comple 	he above star agent and ag de performan	ree to act in this cape nce of my duties, and ge is/are:	ocity. I furthi I am familiai
istered agent's acceptance: ing been named as registered agent and to accept service of p gnated in this application, I hereby accept the appointment as somply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent.  (Required agent's a  (Required agent's a)	orocess for to s registered and comple 	he above star agent and ag de performan	ree to act in this cape nce of my duties, and ge is/are:	ocity. I furthi I am familiai
istered agent's acceptance: ing been named as registered agent and to accept service of p gnated in this application, I hereby accept the appointment as omply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent.  (Required agent's a  The name, title or capacity and address of the person(s) who ha Title of Capacity:  Name and Address:	orocess for to s registered and comple 	he above star agent and ag de performan	ree to act in this cape nce of my duties, and ge is/are:	ocity. I furthi I am familiai
istered agent's acceptance: ing been named as registered agent and to accept service of p gnated in this application, I hereby accept the appointment as simply with the provisions of all statutes relative to the proper accept the obligations of my position as registered agent.  (Required agent's n  The name, title or capacity and address of the person(s) who ha  Title of Capacity:  Name and Address:	orocess for to s registered and comple 	he above star agent and ag de performan	ree to act in this cape nce of my duties, and ge is/are:	ocity. I furthi I am familiai

## State of New York Department of State } ss:

I hereby certify, that NRWA HOLDINGS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/21/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of January two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State