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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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BL. VORISEK

NEW VIEW ADVISORS LLC

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

BY OVERNIGHT DELIVERY

November 5, 2018

RE: New View Advisors LLC

Attention Division of Corporations:

This cover letter serves to notify the Florida Division of Corporations that New View Advisors LLC, a limited liability company duly formed in the State of Delaware on May 1, 2008, has relocated to the State of Florida, effective September 1, 2018.

New View Advisors LLC's new address is 999 Vanderbilt Beach Road, Suite 200, Naples, FL 34108.

Enclosed please find an executed Application By Foreign Limited Liability Company For Authorization To Transact Business in Florida, and a check made out to Florida Department of State for \$160 for the Filing Fee, the Designation of Registered Agent, the optional Certified Copy, and the optional Certificate of Status.

Also enclosed is a certificate of existence and good standing, duly authenticated October 17, 2018 by the Delaware Secretary of State.

Please contact me at mkm@newvicwadvisors.com, or 917-855-0123, if additional information is required.

Thank you,

Minhow K. M.C.

Michael K. McCully Partner

Enclosures

		COVER LETTER	
TO: Registration Section Division of Corpora			
New View Advi			
SUBJECT:	Name	of Limited Liability (Company
The enclosed "Application by Existence, and check are subn	Foreign Limited Liability C itted to register the above re	ompany for Authoriza eferenced foreign limit	tion to Transact Business in Florida." Certifica ted liability company to transact business in Flo
Please return all corresponden	ce concerning this matter to	the following:	
Michael K.	McCully		
		Name of Person	
New View	Advisors LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
999 Vander	bilt Beach Road, Suite 200		
		Address	
Naples, FL	34108		
	Cir	ty/State and Zip Code	
mkm@newv	iewadvisors.com		
	E-mail address: (to be	used for future annual	report notification)
For further information conce	ming this matter, please call	:	
Michael K. McCully		917	855-0123
Nar	ne of Contact Person	at (Area Code	Daytime Telephone Number
MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the fol		& 🗆 \$155.00 Filir Certified Copy	ng Fee & 🛛 🗮 \$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:

	New	View	Advisors	LLC	
--	-----	------	----------	-----	--

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

, Delaware 🦯		26-2540867 3.	
•	ich foreign limited liability company is organized)	5(FEI number, if applicable)	
September 1, 2018			
·	(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605,0905, F.S. to determine pe		
999 Vanderbilt Beach 1	Road, Suite 200	999 Vanderbilt Beach Road, 5	Suite 200
(Street Address of P Naples, FL 34108	nnenpal Office)	(Mailing Address Naples, FL 34108	»
~			
. Name and street addres	s of Florida registered agent: (P.O. Box <u>N</u>	<u>DT</u> acceptable)	HASS
Name:	Michael K. McCully		
Office Address:	999 Vanderbilt Beach Road, Suite 200		HIO: (
	Naples	, Florida <u></u>	03
Registered agent's accep	(City)	(Zip code)	

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Owner	Michael McCully	Owner	Joseph Kelly
	999 Vanderbilt		46 Hathaway Dr
	Beach Rd #200	_	NewProv NJ07974
· · · · · · · · · · · · · · · · · · ·		·	
			·

(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 constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authority

Michael K. McCully



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW VIEW ADVISORS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW VIEW ADVISORS LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

Authentication: 203629553

Date: 10-17-18

Page 1

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SR# 20187188145 You may verify this certificate online at corp.delaware.gov/authver.shtml