

M19000011624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

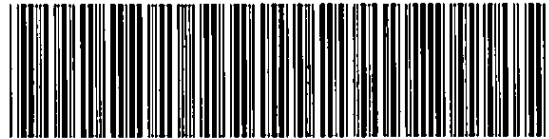
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/19--01003--010 **130.00

2019 DEC -6 AM 11:25
TALLAHASSEE, FLORIDA

2019 DEC -6 PM 9:15

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/6/2019

****WALK IN****

ENTITY NAME NEW ALLIANCE PARTNERS LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____	<i>Plain Copy</i>
_____	<i>Certified Copy</i>
<u>XXXX</u>	<i>Certificate of Status</i>

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____	<i>Certified Copy of Arts & Amendments</i>
_____	<i>Certificate of Good Standing</i>

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****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 130

CHECK # 6993

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Alliance Partners, 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:

John Hiestand

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Hiestand

at

717

431-9164

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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FILED

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:

1. New Alliance Partners, 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. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3880423

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2777 Summer Street, STE 306

(Street Address of Principal Office)

6. 2777 Summer Street, STE 306

(Mailing Address)

Stamford, CT 06905

Stamford, CT 06905

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENTS INC.

Office Address: 7901 4TH ST N STE 300

ST PETERSBURG

(City)

, Florida

33702

(Zip code)

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.



(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Michael Warshaw

☒ Member Address: 2777 Summer Street, STE 306

☐ Authorized Person Stamford, CT 06905

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized Person _____

☐ Other ☐ Other

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 authorized person

Michael Warshaw

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that NEW ALLIANCE PARTNERS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/21/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of November two
thousand and nineteen.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State