

T. LEMIEUX

COVER LETTER

Registration Section
Division of Corporations

From: NEHVEN ENTERPRISES LLC
Name of Limited Liability Company

Send "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of
and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Turn all correspondence concerning this matter to the following:

MICHAEL Amaral
Name of Person

NEHVEN ENTERPRISES LLC
Firm/Company

50 Hopeworth Ave
Address

BRISTOL, RI 02809
City/State and Zip Code

INFO @ BRISTOL COUNTY Sealing Company .com
E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

Michael Amaral at (508) 933-9414
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

DECLARATION 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:

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

If 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."

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

3. 26-4525059
(FEI number, if applicable)

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

50 Hopeworth Ave
(Street Address of Principal Office)

6. Same AS ITEM 7 Below
(Mailing Address)

BRISTOL, RI 02809

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

Name: Registered Agents INC

Office Address: 7901 4TH ST. N Suite 300

St. Petersburg, Florida 33707
(City) (Zip code)

FILED
2020 JAN - 6 P 3: 07
ST. PETERSBURG, FL
CLERK OF CIRCUIT COURT

I, the undersigned, as registered agent's acceptance:
I have 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.

Bill Hume
(Registered agent's signature)

al indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to
to six (6) total];

<u>Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Name: <u>Michael Amaral</u>	<input type="checkbox"/> Manager	Name: _____	
Address: <u>50 Hopeworth Ave</u>	<input type="checkbox"/> Member	Address: _____	
<u>BRISTOL, RI</u>	<input type="checkbox"/> Authorized	_____	
_____	Person	_____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
Name: _____	<input type="checkbox"/> Manager	Name: _____	
Address: _____	<input type="checkbox"/> Member	Address: _____	
_____	<input type="checkbox"/> Authorized	_____	
_____	Person	_____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
Name: _____	<input type="checkbox"/> Manager	Name: _____	
Address: _____	<input type="checkbox"/> Member	Address: _____	
_____	<input type="checkbox"/> Authorized	_____	
_____	Person	_____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

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

is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
lator must be submitted)

document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Amaral
Signature of an authorized person

Michael Amaral
Typed or printed name of signer



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

LONG FORM CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

Nehven Enterprises LLC

is a Rhode Island Limited Liability Company organized on **March 25, 2009**.

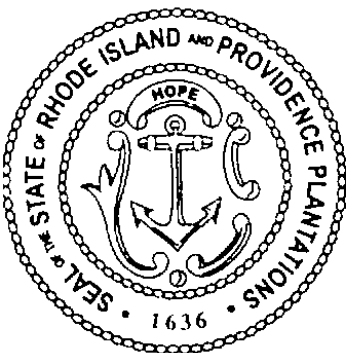
I further certify as of the date of this certificate the attached summary is an accurate description of all known filings made in this office by the above-named entity.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office. This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

November 28, 2019

Secretary of State



Certificate Number: 19110120830

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli



Long Form Good Standing Summary For

Nehven Enterprises LLC

*IS FURTHER CERTIFIED that a fictitious business name statement was filed in this office on
ay of March, 2011 under the name **BRISTOL COUNTY STAMPED CONCRETE**; and*

*IS FURTHER CERTIFIED that a fictitious business name statement was filed in this office on
ay of March, 2011 under the name **CSI**; and*

*S FURTHER CERTIFIED that a fictitious business name statement was filed in this office on
ay of April, 2012 under the name **Concrete Sealer Store**; and*

*S FURTHER CERTIFIED that a fictitious business name statement was filed in this office on
ay of December, 2013 under the name **BRISTOL COUNTY SEALING COMPANY**; and*

*S FURTHER CERTIFIED that a fictitious business name statement was filed in this office on
ay of October, 2014 under the name **Bristol County Soft Wash Cleaning**; and*

*S FURTHER CERTIFIED that a fictitious business name statement was filed in this office on
y of November, 2014 under the name **Aquidneck Island Roof Cleaning**.*