

W21000003653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

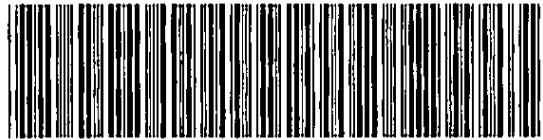
(Business Entity Name)

(Document Number)

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03/15/21--01030--005 **125.00

5/15/21
3/20/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW WAY HOME IMPROVEMENTS LLC

Name of Limited Liability Company

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:

IRUTIANA MACHADO, CPA

Name of Person

GES TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLER RD STE 102

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

INFO@GESFAXACCT.COM

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

For further information concerning this matter, please call:

IRUTIANA MACHADO

754

301-2128

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NEW WAY HOME IMPROVEMENTS LLC

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

2. NEW YORK 76-0786504
(City or county or other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

3. NEW YORK (City or county or other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

4. 76-0786504 (Tax ID number, if applicable)

5. 05/15/2021

(Date first transacted business in Florida, if prior to registration)
(See sections 605.091 & 605.092, F.S. to determine penalty liability)

6. 13810 Oneida Drive, apt c2

7. 13810 Oneida Drive, apt c2

8. (City or county or other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

9. (City or county or other alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

10. DELRAY BEACH, FL 33446

11. DELRAY BEACH, FL 33446

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

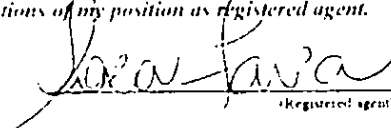
Name SARA FARIA

Office Address: 13810 Oneida Drive, apt c2

DELRAY BEACH 33446
(City) (State) (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)

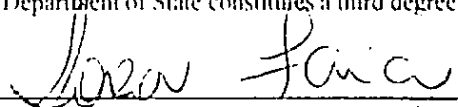
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>SARA FARIA</u>	☐ Manager	Name: <u>THIAGO VALADARES FARIA</u>
Member	Address: <u>13810 Oneida Drive, apt c2</u>	☒ Member	Address: <u>13810 Oneida Drive, apt c2</u>
Authorized	<u>DELRAY BEACH, FL 33446</u>	☐ Authorized	<u>DELRAY BEACH, FL 33446</u>
Person	_____	Person	_____
Other _____	☐ Other _____	☐ Other _____	☐ Other _____
_____ Manager	Name: _____	☐ Manager	Name: _____
_____ Member	Address: _____	☐ Member	Address: _____
_____ Authorized	_____	☐ Authorized	_____
_____ Person	_____	_____ Person	_____
_____ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
_____ Member	Address: _____	☐ Member	Address: _____
_____ Authorized	_____	☐ Authorized	_____
_____ Person	_____	_____ Person	_____
_____ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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

MANAGER SARA FARIA

 Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that NEW WAY HOME IMPROVEMENTS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/16/2005, 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 24th day of February two
thousand and twenty-one.

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State