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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:

JULIANA MACHADO, CPA
Name of Person

GES TAX & ACCOUNTING SERVICES
Firm/Company

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS, FL 33065
City/State and Zip Code

INFO@GESTAXACCT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA MACHADO at (754) 301-2128
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 605.0902, 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," "L.L.C." or "LLC.")

(If it does not, 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
(Enter the jurisdiction under the laws of which foreign limited liability company is organized)

3. 76-0786504
(FEI number, if applicable)

4. 03/15/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0902(1)(k) and 605.0905, F.S. to determine penalty liability.)

5. 13810 Oneida Drive, apt e2
(Street Address of Principal Office)

DELRAY BEACH, FL 33446

6. 13810 Oneida Drive, apt e2
(Mailing Address)

DELRAY BEACH, FL 33446

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

Name: SARA FARIA

Office Address: 13810 Oneida Drive, apt e2

DELRAY BEACH, Florida 33446
(City) (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:	Title or Capacity:	Name and Address:
■ Manager	Name: SARA FARIA	☐ Manager	Name: THIAGO VALADARES FARIA
Member	Address: 13810 Oneida Drive, apt c2	■ Member	Address: 13810 Oneida Drive, apt c2
Authorized	DELRAY BEACH, FL 33446	☐ Authorized	DELRAY BEACH, FL 33446
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.

Sara Faria

Signature of an authorized person

MANAGER Sara Faria

Typed or printed name of signee

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

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