

MA 210000007209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

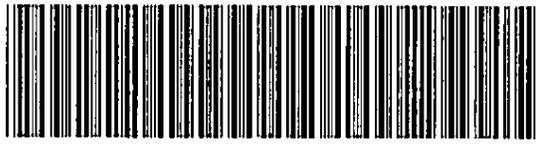
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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HALL OF JESSE HILL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUOVO SECURITY 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:

DIEGO ARONIS

Name of Person

HLW SERVICES LLC

Firm/Company

5301 SW 38TH AVE

Address

FT LAUDERDALE, FL 33312

City/State and Zip Code

MIAMITAXSOLUCION@GMAIL.COM

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

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

DIEGO ARONIS

786

277 5684

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

NUOVO SECURITY GROUP 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. APLLIED
(FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5301 SW 38TH AVE
(Street Address of Principal Office)
FT LAUDERDALE FL 33312

6. 5301 SW 38TH AVE
(Mailing Address)
FT LAUDERDALE FL 33312

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

Name: HLW SERVICES LLC

Office Address: 5301 SW 38TH AVE

FT LAUDERDALE, Florida 33312
(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: Manager **Name and Address:**
 Name: HLW SERVICES LLC
 Address: 5301 SW 38TH AVE.
FT LAUDERDALE FL 33312
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:**
 Name: Cybertic Investment CORP
 Address: 5301 SW 38TH AVE
FT LAUDERDALE FL 33312
 Person _____
 Other AMBR _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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

Diego Amis - (HLW SERVICES LLC)

 Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUOVO SECURITY 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 ELEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUOVO SECURITY LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2016.

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

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TALLahassee, FL




Jeffrey W. Bullock, Secretary of State

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SR# 20211703551

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

Authentication: 203174532

Date: 05-11-21