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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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Updated title for Kenneth
per conversation 10/4/21

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10/4/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Harmony Management, 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:

Michael and Ellen Shapiro

Name of Person

Firm/Company

1204 Chelmsford Court

Address

Naples, Florida 34104

City/State and Zip Code

mcs1488@yahoo.com

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

For further information concerning this matter, please call:

Steven Shapiro

813

956-0422

Name of Contact Person

at (_____) _____

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 Harmony Management, 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. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI 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. 1204 Chelmsford Court
(Street Address of Principal Office)

6. _____
(Mailing Address)

Naples, Florida 34104

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

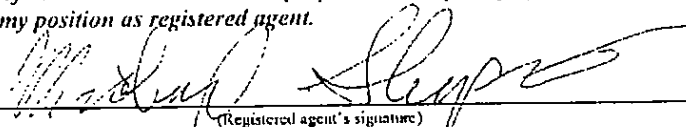
Name: Michael Shapiro

Office Address: 1204 Chelmsford Court

Naples 34104
_____, Florida _____
(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)

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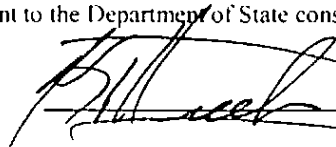
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|---------------------------------|--|--------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Michael Shapiro | <input type="checkbox"/> Manager | Name: Kenneth Mark Deubner |
| <input type="checkbox"/> Member | Address: 1204 Chelmsford Court | <input type="checkbox"/> Member | Address: 675 Town Square Blvd. |
| <input type="checkbox"/> Authorized | Naples, Florida 34104 | <input checked="" type="checkbox"/> Authorized | Bldg 1A, Suite 200 |
| Person | | Person | Garland, Texas 75040 |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Manager | Name: Ellen Shapiro | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 1204 Chelmsford Court | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | Naples, Florida 34104 | <input type="checkbox"/> Authorized | _____ |
| Person | | Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: Steven Shapiro | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 5219 Village Brook Dr. | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized | Wesley Chapel, Florida 33554 | <input type="checkbox"/> Authorized | _____ |
| Person | | Person | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> 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

K. Mark Deubner, Esq.

Typed or printed name of signee



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Public Information Report (PIR) for New Harmony Management, LLC (file number 804041846), a Domestic Limited Liability Company (LLC), was filed in this office on December 31, 2020.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: June 01, 2021

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 27, 2021.



A handwritten signature of Jose A. Esparza in black ink.

Jose A. Esparza
Deputy Secretary of State

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