

M230000007211

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

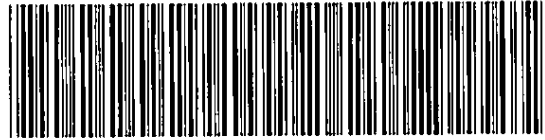
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAY 23 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Handwritten signature or mark

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** New Hope 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:

Jia Liu

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4120 Presidential Pkwy

\_\_\_\_\_  
Address

Atlanta, GA 30340

\_\_\_\_\_  
City/State and Zip Code

pshi@gllvcpa.com

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

For further information concerning this matter, please call:

Jia Liu

678

2916825

\_\_\_\_\_  
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 Hope 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. Mississippi 3. 20-4038418  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 841 Prudential Dr, Suite 1245 6. 841 Prudential Dr, Suite 1245  
(Street Address of Principal Office) (Mailing Address)

Jacksonville FL 32207 Jacksonville FL 32207

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

Name: Jia Liu

Office Address: 841 Prudential Dr

Jacksonville 32207  
(City) (Zip code)

FILED  
2023 MAY 23 PM 3:00  
OFFICE OF THE  
CLERK OF THE  
STATE  
JACKSONVILLE, FLORIDA

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.

Jia Liu  
(Registered agent's signature)

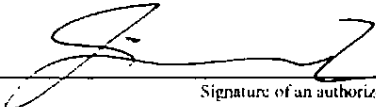
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>              |
|--|--------------------------------------|--|---------------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: <u>Jia Liu</u>                 | <input type="checkbox"/> Manager           | Name: <u>Roshonda Lankford</u>        |
| <input checked="" type="checkbox"/> Member     | Address: <u>4323 AVALON BLVD</u>     | <input checked="" type="checkbox"/> Member | Address: <u>2211 Highway 45 North</u> |
| <input checked="" type="checkbox"/> Authorized | <u>ALPHARETTA, GA</u>                | <input type="checkbox"/> Authorized        | <u>Suite 1, Meridian, MS</u>          |
| Person   | <u>30009</u>                         | Person                                     | <u>39305</u>                          |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Manager               | Name: _____                          | <input type="checkbox"/> Manager           | Name: _____                           |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member            | Address: _____                        |
| <input type="checkbox"/> Authorized            | _____                                | <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: _____                          | <input type="checkbox"/> Manager           | Name: _____                           |
| <input type="checkbox"/> Member                | Address: _____                       | <input type="checkbox"/> Member            | Address: _____                        |
| <input type="checkbox"/> Authorized            | _____                                | <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

Jia Liu  
\_\_\_\_\_  
Typed or printed name of signee



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **NEW HOPE, LLC**

Registered the 27th day of October, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2211 Highway 45 North, Suite 1  
Meridian, MS 39305

And that the registered agent at that address is:

Lankford, Roshonda

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 18th day of May, 2023

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN23165251

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>