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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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		WALK IN	
	PIC	CK UP: <u>MISTY 7/18</u>	
	CERTIFIED COPY		
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κx	FILING	FOREIGN LLC	
	NEW DAY BUSINESS (CORPORATE NAME AND DOC		
	(CORPORATE NAME AND DOC	CUMENT #)	
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	(CORPORATE NAME AND DOC	CUMENT #)	

COVER LETTER

TO: **Registration Section Division of Corporations**

NEW DAY BUSINESS FINANCE LLC SUBJECT:

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:

Evan Mitnick

Name of Person

New Day Business Finance LLC

Firm/Company

25411 Cabot Road, Suite 206

Address

Laguna Hills, CA 92653

City/State and Zip Code

emitnick@newdaybf.com

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

For further information concerning this matter, please call:

at (__ Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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						
S125.00 Filing Fcc	State & State & Certificate of State		\$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 NEW DAY BUSINESS FINANCE LLC

Delaware	name adopted for the purpose of transacting business in Fla	92-241	8645		LAN, OF LLC
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number	, if applicable)	
N/A					
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration) ne penalty liability)			
25411 Cabot Road		25411 C	abot Road		
et Address of Principal Office)		6	ling Address)		
Suite 206		Suite 20	6		
Laguna Hills, CA 926	53	Laguna	Hills, CA 92653	vi in	702
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptabl	e)		
Name:	Registered Agent Solutions, Inc.			<u>(77)</u>	R DA
Office Address:	2894 Remington Green Ln., Ste A			<u> </u>	2 <mark>2</mark> ວີ:
	Tallahassee		32308 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.

ile (Engelise)

Samantha Niels, Assistant Secretary

(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:	Manager	Name:
□Member	Address:	□Member	Address:A0699 Russell Ranch Road
□Authorized	Suite 295	□Authorized	Suite 295
Person	Westlake Village, CA 91362	Person	Westlake Village, CA 91362
□Other	Other	Other	Other
Manager	Name:	□Manager	Name:
□Member	Address: 25411 Cabot Road	Member	Address: 30699 Russell Ranch Road
□Authorized	Suite 206	□Authorized	Suite 295
Person	Laguna Hills, CA 92653	Person	Westlake Village, CA 91362
DOther	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.

Eran Mitnick ETUASHBOOBCCASE

Signature of an authorized person-

Evan Mitnick

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW DAY BUSINESS FINANCE 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 SEVENTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW DAY BUSINESS FINANCE LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2023.

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



Bock, Secretary of State

Authentication: 203758220 Date: 07-17-23

7267310 8300 SR# 20233009583

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