N3300010646

| (Ř | lequestor's Name) | |
|--|-------------------------|--------|
| (A | ddress) | |
| —————————————————————————————————————— | ddress) | |
| (C | Sity/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (B | lusiness Entity Name) | |
| (C | Occument Number) | |
| Certified Copies | Certificates of S | Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | |



000413607770

08/17/23--01001--008 **125.00

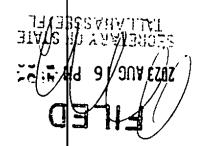
M FALLAHASSEE FLORIDA

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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|--|---|--|
| | New Directions Painting LLC | |
| SUBJE | | |
| | Na | me of Limited Liability Company |
| | | y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida |
| Please 1 | return all correspondence concerning this matter | r to the following: |
| | | |
| | | Name of Person |
| | Elite Pro Advisors | |
| | | Firm/Company S 22 |
| | 104 E Fowler Ave Ste 170 | Firm/Company |
| | Tampa, Fl. 33612 | Address |
| | Hollis4success@gmail.com | City/State and Zip Code |
| | E-mail address: (to | be used for future annual report notification) |
| For fur | ther information concerning this matter, please of | call: |
| Ken Hollis | | 888 9897241 |
| | Name of Contact Person | at () Area Code Daytime Telephone Number |
| Mailing Address: Registration Section | | Street Address: Registration Section |
| Division of Corporations | | Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | | 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 DI \$\mathbb{\overline{\text{\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\te | EPARTMENT OF STATE |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| COMPANYTOTRANSACTBU New Directions Paintin | TION 605.0902_FI.ORID4 STATUTES THE FO. SINESS INTHE STATEOFFI.ORID4: g LLC | | | | TAMITED LARILITY |
|---|--|--------------------------------------|------------------------------|-------------------|--|
| (Name of Foreign | Limited Liability Company, must include "Limited | Liability Comp | eany," "L.L.C.," or "LLC.") | | |
| (it name unavailable, enter alternate i | name adopted for the purpose of transacting business in Flo | rida The alternate | name must include "Limited L | ability Company," | "L.L.C," or "LLC," |
| Minnesota | | N/A | | ~3 | |
| 2 | hich foreign limited liability company is organized) | 3 | (FEI num | .e. 8 | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | | (FEI num | her ir applicable | $\neg \Pi$ |
| Upon Filing | | | | 50 | S. S |
| 4 | | | | 三五 6 | |
| | (Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin | egistration) e penalty liability |) | PH SSE | |
| 104 E Fowler Ave Ste | | | E Fowler Ave Ste 170 | | |
| 5 | | 6 | (Mailing Address) | | A |
| | | | | 一台 | ê |
| Tampa, Fl. 33612 | | Tamp | a, Fl. 33612 | · | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT accep | table) | | |
| | Elite Pro Advisors 나 🤩 | | | | |
| Name. | | | _ | | |
| | 104 E Fowler Ave Ste 170 | | | | |
| Office Address: | | | | | |
| | Tampa | | 33612 | | |
| | • | | Florida | | |
| | (City) | - | (Zip code) | | |
| designated in this applicate comply with the provis | otance: egistered agent and to accept service of p ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. | registered o | igent and agree to act | in this capaci | ty. I further agree |
| | (Registered agent's s | ignature) | . | <u>.</u> | |

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 | Reginald Faison Name: | □Manager | Name: |
| □Member | Address: Tampa, Fl. 33612 | □Member | Address: |
| □Authorized | Tampa, Pt. 33012 | □Authorized | |
| Person | | Person | |
| Other | Other | □Other | Other |
| □Manager | Name: | □Manager | Name: Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | ☐ Authorized | EE STATE 59 |
| 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.

Reginal Taison
Signature of an authorized person

Office of the Minnesota Secretary of State Certificate of Good Standing

I. Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

New Directions Painting LL

Date Filed:

06/11/2018

File Number:

1020305100026

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

08/16/2023



Ateve Pinnon Steve Simon

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Secretary of State State of Minnesota