

M24000007987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

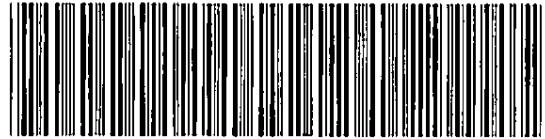
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600429640436

RECEIVED

2024 JUN 20 AM 10:57

SECRETARY OF STATE
MAIL ROOM
1411 MARKET STREET
PHILADELPHIA, PA 19104



2024 JUN 20 PM 3:52

JUN 20 2024

K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 06/20/2024

****WALK IN****

ENTITY NAME NEW PRESS VINYL LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy
XXXXXXXXXX

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 130

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW PRESS VINYL 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:

KATHEY GUO

Name of Person

HAND BALDACHIN AND ASSOCIATES LLP

Firm/Company

1740 BROADWAY, 15TH FLOOR

Address

NEW YORK NEW YORK 10019

City/State and Zip Code

KGUO@HBALLP.COM

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

For further information concerning this matter, please call:

KATHEY GUO

212

956-9500

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. NEW PRESS VINYL 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. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 2, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14097 NW 19th Ave 6. 14097 NW 19th Ave
(Street Address of Principal Office) (Mailing Address)
Opa-Locka, FL 33054 Opa-Locka, FL 33054

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

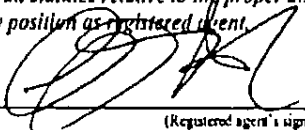
Name: Enrique Abeyta

Office Address: 14097 NW 19th Ave.

Opa-Locka, 33054
(City) , Florida (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)

2024 FEB 20 PM 3:52

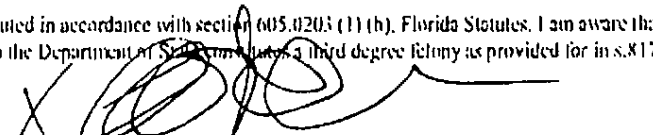
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:
<input checked="" type="checkbox"/> Manager	Name:	ENRIQUE ABEYTA	<input checked="" type="checkbox"/> Manager	Name:	Timothy Thresh
<input type="checkbox"/> Member	Address:	14097 NW 19th Ave	<input type="checkbox"/> Member	Address:	14097 NW 19th Ave
<input type="checkbox"/> Authorized Person		Opn-Locke, FL 33054	<input type="checkbox"/> Authorized Person		Opn-Locke, FL 33054
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Manager	Name:	Don Vashir	<input checked="" type="checkbox"/> Manager	Name:	Mark Intrieri
<input type="checkbox"/> Member	Address:	14097 NW 19th Ave	<input type="checkbox"/> Member	Address:	14097 NW 19th Ave
<input type="checkbox"/> Authorized Person		Opn-Locke, FL 33054	<input type="checkbox"/> Authorized Person		Opn-Locke, FL 33054
<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 Person			<input type="checkbox"/> Authorized Person		
<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
 Enrique Abeyta
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW PRESS VINYL 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 TWENTIETH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW PRESS VINYL LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2023.

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



2756303 8300

SR# 20242925948

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203750701

Date: 06-20-24