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(Re	questor's Name)	·
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### **COVER LETTER**

TO: Registration Section Division of Corporations				
NEWTEK, INC.				
SUBJECT: Name	e of corporation	n - must include suffix		•
Dear Sir or Madam:	-			
The enclosed "Application by Foreign ("Certificate of Existence," or "Certificate above referenced foreign corporation to	te of Good Sta	nding" and check are sub		
Please return all correspondence concer STEPHEN DOUBLEDAY	ning this matte	er to the following:		
	Name of	Person		
NEWTEK, INC.				
	Firm/Con	npany		
5131 BECKWITH BLVD				
	Addr	ress		
SAN ANTONIO, TEXAS 78249				
	City/State a	and Zip code	, ,	•
MARKA@NEWTEK.COM				-7-1
E-mail addre	ss: (to be used	for future annual report	notification)	1 j
For further information concerning this	matter, please	call:	24   ASSEE	
MARK AGUIRRE	210 at (	370-8242		
Name of Person	Area Cod	le Daytime Telep	hone Number	*****
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING A Registration S Division of Co P.O. Box 632' Tallahassec, F	ection orporations 7	
Enclosed is a check for the following ar	nount:			
■ \$70.00 Filing Fee □ \$78.75 Fili Certificate	•	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	ķ

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	oration; must include "INCORPORATED," "C	OMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp,	" "Inc," "Co," or "Corp.")		
NEWTEK EAST,	Fnc.		
(If name unavailable	in Florida, enter alternate corporate name adop	ted for the purpose of transacting business in	Florida)
KANSAS	48-	1022237	
	der the law of which it is incorporated)	(FEI number, if applicable)	
08/1/1986		` · · · · · · · · · · · · · · · · · · ·	
(Date of i	ncorporation) 5	(Date of duration, if other than perpetua	d)
01/01/2019		(Suite of duration, it caner than perpetua	,
	(Data first transacted business in Flo	ride if prior to registration)	
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		
5131 BECKWITH BI	(SEE SECTIONS 607.1501 & 607.1502,		
5131 BECKWITH BI	(SEE SECTIONS 607.1501 & 607.1502, LVD.	F.S., to determine penalty liability)	
5131 BECKWITH BI	(SEE SECTIONS 607.1501 & 607.1502, LVD.  (Principal of		
5131 BECKWITH BI	(SEE SECTIONS 607.1501 & 607.1502, LVD. (Principal of XAS 78249	F.S., to determine penalty liability)  fice address)	
5131 BECKWITH BI	(SEE SECTIONS 607.1501 & 607.1502, LVD.  (Principal of	F.S., to determine penalty liability)  fice address)	201
5131 BECKWITH BI	(SEE SECTIONS 607.1501 & 607.1502, LVD.  (Principal of XAS 78249  (Current mailing ad	F.S., to determine penalty liability)  fice address)  dress, if different)	2019
SAN ANTONIO, TE	(SEE SECTIONS 607.1501 & 607.1502, LVD.  (Principal of XAS 78249  (Current mailing ad dress of Florida registered agent: (P.O. Bo	F.S., to determine penalty liability)  fice address)  dress, if different)	2019 JUN 2
5131 BECKWITH BI	(SEE SECTIONS 607.1501 & 607.1502, LVD.  (Principal of XAS 78249  (Current mailing ad	F.S., to determine penalty liability)  fice address)  dress, if different)	
SAN ANTONIO, TE	(SEE SECTIONS 607.1501 & 607.1502, LVD.  (Principal of XAS 78249  (Current mailing ad dress of Florida registered agent: (P.O. Bo	F.S., to determine penalty liability)  fice address)  dress, if different)	
SAN ANTONIO, TE  Name and street ad  Name:	(SEE SECTIONS 607.1501 & 607.1502, LVD.  (Principal of XAS 78249  (Current mailing ad decress of Florida registered agent: (P.O. Both C T Corporation System)	F.S., to determine penalty liability)  fice address)  dress, if different)	JUN 24

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Christine Kelm
Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Director: Director: **B. OFFICERS** ANDREW CROSS President: 5131 BECKWITH BLVD. Address: \_ SAN ANTONIO. TEXAS 78249 Vice President: STEPHEN DOUBLEDAY Secretary: 5131 BECKWITH BLVD., SAN ANTONIO, TEXAS 78249 Address: \_ Treasurer: Address: NOTE: If negessary, you may attach an addendum to the application listing additional officers and/or directors. CFO/ Uff. COC Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

STEPHEN DOUBLEDAY

13.

## STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0989525

Entity Name: NEWTEK, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: THE CORPORATION COMPANY, INC.

Registered Office: 112 SW 7TH STREET SUITE 3C, TOPEKA, KS 66603

was filed in this office on August 01, 1986, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 13, 2019

SCOTT SCHWAB SECRETARY OF STATE

( Scheal

Certificate ID: 1105604 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.