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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------|---|--------------------------|
| SUBJE | Newgentek LLC | |
| SODUL. | Name of Limited Liability Compan | y . |
| Dear Si | Sir or Madam: | |
| The enc | nelosed Statement of Authority and fee(s) are submitted for filing. | |
| Please r | return all correspondence concerning this matter to the following: | |
| Daniel | el D. Whitehouse, Esq. | |
| | Name of Person | |
| Whiteh | house & Cooper, PLLC | |
| | Firm/Company | |
| 201 E. | E. Pine Street, Suite 205 | |
| | Address | |
| Orland | do, FL 32801 | |
| | City/State and Zip Code | |
| chon.n | nguyen@newgentek.com | |
| | E-mail address: (to be used for future annual report notification) | |
| For furt | rther information concerning this matter, please call: | |
| Daniel | el Whitehouse 321 2 | 85-2300 |
| | Name of 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

STATEMENT OF AUTHORITY

| Pursuant authority | t to section 605.0302(1). Florida Statutes, this limited liability company submits the following | ng statement of | |
|-----------------------|--|-----------------|--|
| FIRST: | T: The name of the limited liability company is: | | |
| SECON | D: The Florida Document Number of the limited liability company is: | | |
| THIRD | : The street address of the limited liability company's principal office is: 5555 W Waters Ave | | |
| | Suite 610 | | |
| | TAMPA, FL 33634 | | |
| | The mailing address of the limited liability company's principal office is: 5555 W Waters Ave | | |
| | Suite 610 | | |
| | TAMPA, FL 33634 | | |
| | of a person in a company, whether as a member, transferee, manager, officer or otherwise on the following: 1. May execute an instrument transferring real property held in the name of the company Anthony Cutrono a. Granted to: | | |
| | b. No authority granted to: | -P | |
| | 2. May enter into other transactions on behalf of, or otherwise act for or bind, the compa a. Granted to: | nny. 03 | |
| | b. No authority granted to: | | |
| | DocuSigned by. | | |
| | Chon Nguyen Chon Nguyen | | |
| Signatur | re of authorized representative Typed or printed name of Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | signature | |

CR2E138 (2/14)