

L23000427413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

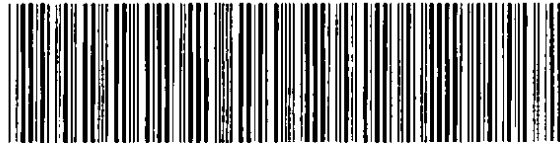
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CALL MIAMI  
ATTN: ASSIST. DIR. OF

2023 AUG -2 AM 10:51

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# ROGER J. SULLIVAN, LLC

ATTORNEY AT LAW

Roger J. Sullivan  
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Bel Air, Maryland 21014

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Kaitlin Folkerts  
[kne@rjsullivanlaw.com](mailto:kne@rjsullivanlaw.com)

August 1, 2023

Department of State  
Division of Corporations  
Certification Section  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

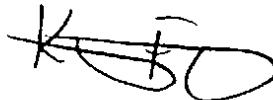
Re: Newton Asset Management, LLC

To Whom It May Concern:

Enclosed you will find the Cover Letter, Articles of Organization, and a check in the amount of \$125.00 for the filing fee for the above referenced LLC. Please have them filed in the normal course.

Thank you for your prompt attention to this matter. If you have any questions do not hesitate to give me a call.

Very truly yours,

A handwritten signature in black ink, appearing to be 'K Folkerts', written over a horizontal line.

Kaitlin Folkerts

Enclosures

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Newton Asset Management, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roger J. Sullivan

\_\_\_\_\_  
Name of Person

Roger J. Sullivan, LLC

\_\_\_\_\_  
Firm/Company

1 Vale Road, Suite 200

\_\_\_\_\_  
Address

Bel Air, Maryland 21014

\_\_\_\_\_  
City/State and Zip Code

rjs@rjsullivanlaw.com

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

For further information concerning this matter, please call:

Roger J. Sullivan

410

638-2990

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Newton Asset Management, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7750 Governor Ritchie Highway  
Glen Burnie, Maryland 21061

Mailing Address:

7750 Governor Ritchie Highway  
Glen Burnie, Maryland 21061

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

Florida

33324

City

State

Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2023 AUG -2 AM 10:51  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Stephen Newton  
7750 Governor Ritchie Highway  
Glen Burnie, Maryland 21061

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

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.

Roger J. Sullivan, authorized representative

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)