

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA
Account Number : I19980000066
Phone : (813)258-1177
Fax Number : (813)259-1106

Enter the email address for this business entity to be used for future
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Email Address: ibcattie@hendee-law.com

FLORIDA LIMITED LIABILITY CO.

Newverest Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION OF
NEWVEREST HOLDINGS, LLC**

ARTICLE I-Name

The name of the limited liability company shall be NEWVEREST HOLDINGS, LLC.

ARTICLE II-Address

The street address and the mailing address of the principal office of the limited liability company is:

Street address:

10039 Brompton Dr.
Tampa, FL 33626

Mailing Address:

10039 Brompton Dr.
Tampa, FL 33626

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is:

Hendee, McKernan, Schroeder, Wilkerson & Hendee, P.A.
1700 South MacDill Avenue, Suite 200
Tampa, Florida 33629

ARTICLE IV-Management

The name and address of each person authorized to manage and control the limited liability company is:

Adam Kyle Walton
10039 Brompton Dr.
Tampa, FL 33626

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 16th day of August, 2024.

By: _____

Signature of Member or authorized representative of a member

In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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REGISTERED AGENT**ACCEPTANCE OF DESIGNATION**

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT:

Hendee, McKernan, Schroeder, Wilkerson &
Hendee, P.A.

By: 

Name: Michael Hendee

Title: Vice President

1700 South MacDill Avenue

Suite 200

Tampa, Florida 33629

SECRETARY OF STATE
TAMPA, FLORIDA

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