

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: invest@newfundscapital.com

FLORIDA LIMITED LIABILITY CO. NEWFUNDS CAPITAL LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

NEWFUNDS CAPITAL LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

2054 VISTA PKWY STE 400

WEST PALM BEACH, FL 33411

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

ARTICLE III – REGISTERED AGENT

The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

OLGA N TALPE

1561 NE 103rd ST

MIAMI SHORES, FL 33138

Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.

Olga N Talpe

Registered Agent (Signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 AUG 26 AM 8:31

ARTICLE IV – MANAGERS

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

Name: **OLGA N TALPE**

Title: **MGM**

Address: **1561 NE 103rd ST**

MIAMI SHORES, FL 33138

ARTICLE V – EFFECTIVE DATE

Effective date shall be the **filling date**.

REQUIRED SIGNATURE:

Olga N Talpe

OLGA N TAUPE - Member or AMBR

08/26/2024

Date