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00789-00608-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

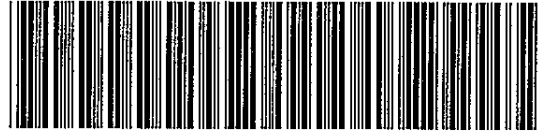
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W04-43959



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04 DEC 21 PM 1:25
FBI - MEMPHIS

NewCo Management Services, LLC

1680 South Tamiami Trail, Suite A

Venice, Florida 34293

941-408-8781

941-408-9703 (fax)

VIA UPS NEXT DAY AIR (#1Z 4YY 536 01 4842 7828)

November 22, 2004

Florida Dept. of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed is a Transmittal Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Delaware Certificate of Good Standing and our \$125.00 filing fee.

Please process our application and return your letter of acknowledgment in the enclosed UPS envelope.

Thank you for your assistance, and please feel free to contact me with any questions.

Sincerely,



Andie Vitale
Business Manager

/av
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWCO MANAGEMENT SERVICES, L.L.C.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ANDIE VITALE
(Name of Person)

NEWCO MANAGEMENT SERVICES, L.L.C.
(Firm/Company)

1680 S. TAMiami TRAIL, SUITE A
(Address)

VENICE, FL 34293
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDIE VITALE at (941) 408-8781
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 2, 2004

ANDIE VITALE
NEWCO MANAGEMENT SERVICES, L.L.C.
1680 S. TAMiami TRAIL, SUITE A
VENICE, FL 34293

SUBJECT: NEWCO MANAGEMENT SERVICES, L.L.C.
Ref. Number: W04000043959

We have received your document for NEWCO MANAGEMENT SERVICES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 004A00067671

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. NEWCO MANAGEMENT SERVICES, L.L.C.
(Name of Foreign Limited Liability Company)

2. DELAWARE 3. 20-1475130
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/2/04 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 10/1/04
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 251 S. TAMiami TRAIL
VENICE, FL 34285
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

DONALD R. BURNHAM
500 CERROMAR DRIVE
VENICE, FL 34293

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: SALES AND

MARKETING AND BUSINESS CONSULTING

Andie Vitale
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANDIE VITALE
Typed or printed name of signee

FILED
04 DEC 21 PM 1:25
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NEWCO MANAGEMENT SERVICES, L.L.C.

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

DAVID HOLMES

(Name)

99 NESBIT ST.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

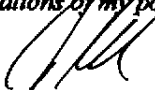
PUNTA GORDA,

FL

33951

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 608, Florida Statutes.



(Signature)

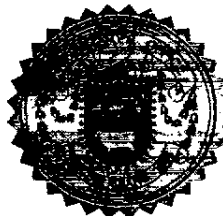
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWCO MANAGEMENT SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2004.



3838912 8300

040826738

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3481141

DATE: 11-16-04