

M08000002426

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(Address)

(City/State/Zip/Phone #)

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08 MAY 22 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
MAY 22 2008
EXAMINER

~~400121639~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newfield Life Settlements LLC
(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:

Dand Kugler
(Name of Person)

Newfield Life Settlements LLC
(Firm/Company)

1144D Walker Rd.
(Address)

Great Falls VA 22066
(City/State and Zip Code)

For further information concerning this matter, please call:

MaryElizabeth Wagner at (703) 759-1535
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



NEWFIELD LIFE SETTLEMENTS
1144 D Walker Rd.
Great Falls, VA 22066
703-759-1535

8 May 2008

Tammy Hampton
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Hampton:

I received the enclosed letter from you. Attached please find the additional information you requested.

Please contact me if you have any questions.

Thank you,

A handwritten signature in black ink, appearing to read "ME Wagner". The signature is fluid and cursive, with the first letters of the first and last names being capitalized.

Mary-Elizabeth Wagner

Operations Manager
me@newfieldllc.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 MAY 22 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 1, 2008

DAVID KUGLER
1144D WALKER RD
GREAT FALLS, VA 22066

SUBJECT: NEWFIELD LIFE SETTLEMENTS LLC
Ref. Number: W08000016839

We have received your document for NEWFIELD LIFE SETTLEMENTS LLC 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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 the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 808A00019210

**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. Newfield Life Settlements LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 56-2648776
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 2007 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 1144D Walker Rd.
Great Falls VA 22066
(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:

David Kugler, 1144D Walker Rd. Great Falls VA 22066
Thomas Szabo, 5161 Collins Ave, Suite 1517, Miami Beach FL 33140
Lee Bialostok, 10 East 40th St., 46th floor, New York, NY 10016

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: FINANCIAL

SERVICES

David A Kugler
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.)

David A Kugler

Typed or printed name of signee

FILED
08 MAY 22 PM 2:57
SECRETARY OF STATE
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:

Newfield Life Settlements, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

CT Corporation System

(Name)

1200 South Pine Island Road

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

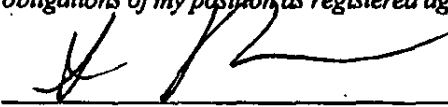
Plantation,

FL

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 608, Florida Statutes.



(Signature)

Anusha Putty

Vice President

and Assistant Secretary

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

Filing Fee for Application

Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

08 MAY 22 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Delaware

PAGE 1

The First State

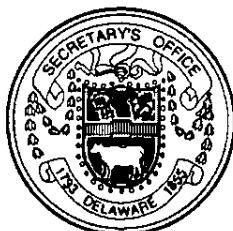
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWFIELD LIFE SETTLEMENTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4403590 8300

080400116

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6516430

DATE: 04-10-08