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(Add	dress)
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(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
	A. LUNT
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2010 JAN 19 PM 3: 36 SECRETARY OF STATE ALLAHASSEE, FIDER Serving the Legal Community for Over 100 Years . . . Registered Agents in Every State

JAMES A. CURRAN
E-MAIL DIRECT: jim@cgtco.com
JOSEPH J. COLLOPY
E-MAIL DIRECT: joe@cgtco.com
TERESA MAGEE
E-MAIL DIRECT: terry@cgtco.com

#### Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110
3331 STREET ROAD, BENSALEM, PA 19020
TELEPHONES: (800) 563-6131 • (215) 633-8144
FAX (215) 633-8160
E-MAIL: info@cgtco.com

January 13, 2010

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

**RE:** NEWCASTLE TUTORS LLC

Dear Sir or Madam:

Enclosed is duplicate Application for Registration of the above limited liability company for filing with your office, together with Certificate of Standing and our \$130.00 check to cover filing fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours,

Joseph J. Collopy Vice-President

JJC/mag

**Enclosures** 

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1.	NEWCASTLE TUTORS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
ÇO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the write name of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")	ritte: /
2.	Delaware 3.	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	January 6, 2010  (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to	
	(Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Upon registration 5'	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	7090 Via Firenze, Boca Raton, FL 33433	R
	SEE. O	-
	(Street Address of Principal Office)	П
8.	If limited liability company is a manager-managed company, check here   ORDER SECTION 1985	フ
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Matthew Kandel, 7090 Via Firenze, Boca Raton, FL 33433	
	Solon Kandel, 7090 Via Firenze, Boca Raton, FL 33433	
he.	Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of record jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)	fs in
11.	Nature of business or purposes to be conducted or promoted in Florida: Consulting services	
	5214	
	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.)	
	Solon L. Kandel	
	Typed or printed name of signee	

## 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.

i. The name of	it the Limited Liability Company is:		
	NEWCASTLE TUTORS LLC		-
If unavailable,	the alternate to be used in the state of Florida is:		
2. The name ar	nd the Florida street address of the registered agent and office are:		-
	Solon Kandel (Name)	2010 JAN 19 SECRETARY FALLAHASSEI	<u> </u>
	7090 Via Firenze Florida Street Address (P.O. Box NOT ACCEPTABLE)	RY OF	LE
	Boca Raton, FL 33433 City/State/Zip	STATE LORIDA	J

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)

PAGE 1

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWCASTLE TUTORS 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 THIRTEENTH DAY OF JANUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEWCASTLE TUTORS LLC" WAS FORMED ON THE SIXTH DAY OF JANUARY, A.D. 2010.

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

4774013 8300

100034406

AUTHENTICATION: 7755468

DATE: 01-13-10