Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001280013)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

## Foreign Limited Liability Company NTE Florida LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

## COVER LETTER

	gistration Section vision of Corporation	ns				
SUBJECT:	NTE Florida LLC	3				
SOBJECT		Name of L	imited Liability	Company	<del></del> ,	
The enclose Existence, a	ed "Application by Found check are submitted	reign Limited Liability Comp ed to register the above refere	any for Authoriza need foreign limi	ation to Transact Busir Ited liability company (	ness in Florida," Certific to transact business in F	cate of lorida
Please retur	n all correspondence o	concerning this matter to the f	following:	•	•	
		Ja	ycle Howard			
	· · · · · · · · · · · · · · · · · · ·	Na	me of Person			
	•	InCorp	Services, inc	<b>.</b> ,		
	Firm/Company					
3773 Howard Hughes Parkway, Suite 500S						
	Address					
		Las Vega	s, NV 89169-6	6014		
		City/St	ate and Zip Code		SE SE	
•			its@incorp.co		三	
For further i	nformation concerning	E-mail address: (to be used g this matter, please call:	for future annual	l report notification)	2U A	
Jayc		If of InCorp Services, Inc.	702 at (	866-2500 _)	T 5	· Name of the last
	Name o	of Contact Person	Area Code	Daytime Teleph	ione Number 5	
Div Reg P.C	VILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			STREET ADDRESS Division of Corporate Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3230	S: ions er Circle	
Enclosed is	a check for the follow \$125,00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy		9 Filing Fee, Certificate & Certified Copy	;

	08:24:02 a.m.	05-24-2016		3 /4
7)	LTOMOT	4000	ب	)

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	MINESS IN THE STATE OF PLUMDA:	
1. NTE Florida LLC		
(Name of Fore	ign Limited Liability Company; must include "Limited Lin	bility Company," "L.L.C.," or "LLC.")
Liability Company," "L.L.C,"  Delaware (Jurisdiction under the law ocompany is organized)  4. Upon Registration  5. 24 Cathedral Place St Augustine, FL 32	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine a, Sulte 300	(FEI number, if applicable)
6. 24 Cathedral Place	, Suite 300	·
St Augustine, FL 32	2084 (Mailing Address)	•
7. Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> accept	able)
Name:	InCorp Services, Inc.	_
Office Address:	17888 67th Court North	
	Loxahatchee	, Florida 33470
	(City)	(Zip code)
designated in this applicat to complywith the provisio accept the obligations of n	gistered agent and to accept service of process for the ion, I hereby accept the appointment as registered a ons of all statutes relative to the proper and complete my position as registered agent.  (Registered agent's signature)	gent and agree to act in this capacity. I further object performance of my duties, and I am familiar with and Jaycle Howard on behalf of InCorp Services, Inc.
• •	city and address of the person(s) who has/have author	•
NTE Florida Holdings	, Manager, 24 Cathedral Place, Suite 300, S	t Augustine, FL 32084
9. Attached is a certificate of jurisdiction under the law of the translator must be su	bmitted) Led Writist	in language, a translation of the certificate under oath
	Signature of an authorized person	n
mii daaraa in naadad	in accordance with rection 605 0202 (1) (b) Florida	Statutes I am aware that any falce information

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Seth Shortlidge on Behalf of NTE Florida Holdings

Typed or printed name of signee

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NTE FLORIDA 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 TWENTY-THIRD DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NTE FLORIDA LLC" WAS FORMED ON THE TWELFTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6014506 8300

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

Jeffrey W. Bullioth, Secretary of State

Authentication: 202368528

Date: 05-23-16

(H16000128001 3)