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SECRETARY OF STATE

SECRETARY OF STATE

ALLANASSEL, ILLORIDA

O. SCOTT JAN 5 2017



December 8, 2016

STEVEN G. NEWCOM 5707 S CASS AVE, #1070 WESTMONT, IL 60559

SUBJECT: STEVEN G. NEWCOM LLC

Ref. Number: W16000082181

We have received your document for STEVEN G. NEWCOM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 316A00026144

SECRETARY OF STATE

## **COVER LETTER**

	egistration Section vision of Corporation	as					
SUBJECT	STEVEN G. NEWO	COM LLC					
3023201		Name of I	Limited Liability (	Company			
The enclose Existence, a	ed "Application by For and check are submitte	eign Limited Liability Comp d to register the above refere	enced for Authoriza	tion to Tra ted liabilit	ansact Business in Florida," y company to transact busine	Certifica ess in Flo	te of orida
Please retur	n all correspondence c	oncerning this matter to the	following:				
	STEVEN G. N	EWCOM					
		Na	ame of Person				
	STEVEN G. N.	EWCOM LLC					
	<del></del>	Fi	rm/Company				
	5707 SOUTH (	CASS AVE, # 1070					
			Address		<del>-</del>		orida  FICE D
	WESTMONT,	IL 60559					
	<del></del>	City/St	tate and Zip Code				
	steve@sgn-llc.co						
		E-mail address: (to be used	for future annual	report no	tification)		
For further	information concerning	g this matter, please call:					
Ca	arole Cederstrom		312 at (	)	239-6120		
	Name o	f Contact Person	Area Code	Day	ytime Telephone Number		
Di Re P.0 Ta	AILING ADDRESS: vision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division Registrat Clifton E 2661 Exc	ecutive Center Circle see, FL 32301	17	
	\$125.00 Filing Fee	Ing amount:  ■ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy		s160.00 Filing Fee gae of Status & Certified Cop	-5 PH 3:55	

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

 $\sigma_{\rm eff} = \kappa_{\rm eff} = -2 \kappa_{\rm eff}$ 

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Steven G. Newcom LLO	C	ourxi.		
(Name of Fore	ign Limited Liability Company	; must include "Limited Lia	hility Company," "L.L.C.," or "L	.C.")
ability Company," "L.L.C,"		rpose of transacting husine	s in Florida. The alternate name r	nust include "Limited
Illinois		3. 32-0049804		
Jurisdiction under the law ( company is organized)	of which foreign limited liabilit	y 3	(FEI number, if applicable)	
December 1st, 2015				
		usiness in Florida, if prior to 605,0905, F.S. to determin		
3313 Sunset Key Circle	e, # 707	<del></del>		
Punta Gorda, FL 3395:				
5707 S. Cass Avenue, #		s of Principal Office)		
Westmont, IL 60559				
	(Mai	ling Address)		
Name and street address	s of Florida registered agent	: (P.O. Box <u>NOT</u> accep	able)	
Name:	Steven G. Newcom		<del></del>	
Office Address:	3313 Sunset Circle, # 707		_	
	Punta Gorda (Cir		_, Florida 33955 (Zin code)	
esignated in this application complywith the provision	tance: gistered agent and to accept tion, I hereby accept the apj	t service of process for a pointment as registered the proper and complet	ne above stated limited liability agent and agree to act in this o e performance of my duties, a	capacity. I further agree
3. The name, title or cars	icity and address of the person	ter/stered agent's signature on(s) who has/have autho		`
iteven G. Newcom , Man			·	
313 Sunset Key Circle #	707			
Punta Gorda, Fl. 33955				
Attached is a certificate risdiction under the law f the translator must be s	of which it is organized. (If ubmitted)	90 days old, duly authent the certificate is in a force and the certificate is in a force	icated by the official having cuign language, a translation of the	stody of records in the he centificate under oathy
This document is executed about the content to the	d in accordance with section to the Department of State co	605.0203 (1) (b), Florid: astitutes a third degree fo	Statutes. I am aware that any f lony as provided for in s.817.1	alse information 55, F.S.
	Steven G. Newcom		•	

Typed or printed name of signee

## File Number

0079163-6



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

STEVEN G. NEWCOM LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 11, 2002, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of NOVEMBER A.D. 2016.

Authentication #: 1633402026 verifiable until 11/29/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE