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MAR 29 2017 S. YOUNG TALLARIA 27 PH 3: 15

COVER LETTER

TO:

Registration Section

Divi	sion of Corporation	18					
SUBJECT:	NeoCo LLC						
SUBJECT.	· · · · · · · · · · · · · · · · · · ·	Name of I	Limited Liability (Company	1,00		
		eign Limited Liability Comp d to register the above refere					
Please return	all correspondence of	concerning this matter to the	following:				
	Joseph Munder	ı					
	Name of Person						
	NeoCo LLC	*,					
	Firm/Company						
	16192 Coastal	Highway					
Address							
Lewes, Delaware 19958							
	-	City/S	tate and Zip Code			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	jwmunden@then	nundengroup.com				72	
		E-mail address: (to be used	l for future annual	report not	ification)	حد: دبن	
For further in	formation concerning	g this matter, please call:				17 Har 27 PH 3: 15	
Venus A. Caruso, Esq.		561 at (508-310	01 x 204			
	Name o	of Contact Person	Area Code	Day	time Telephone Number	•	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Cof Status & Certified Co		

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:

NeoCo LLC				
	ign Limited Liabili	ty Company; must include "I	Limited Liability Company," "L.L.C.," or "LLC	3.")
iability Company," "L.L.C,		ed for the purpose of transact	ting business in Florida. The alternate name mu	ist include "Limited
Delaware		3 .	0752414	
(Jurisdiction under the law company is organized)	_	mited liability	(FEI number, if applicable)	
N/A (none prior to regi				
	(Date first (See sections	transacted business in Florid 605.0904 & 605.0905, F.S.	a, it prior to registration.) to determine penalty liability)	
P.O. Box 2220				
Jupiter, FL 33468				
	(S	treet Address of Principal Of	fice)	
16192 Coastal Highway	<u>/</u>			
Lewes, Delaware 1995	8		_	= =
		(Mailing Address)		
. Name and street address	ss of Florida regis	tered agent: (P.O. Box N	(OT_acceptable)	7 1146 27
Name:	Venus A. Carus	-		
Office Address:	555 Heritage D	rive, Ste 204	-	Ţ
Office Address:			22.450	بي
	Jupiter	(City)	, Florida 33438 (Zip code)	ট্য
esignated in this applica	tion, I hereby acons of all statute.	cept the appointment as re s relative to the proper an	cess for the above stated limited liability egistered agent and agree to act in this cade complete performance of my duties, and signature	pacity. I further ag
8. The name, title or capa Joseph Munden, MGR	acity and address	of the person(s) who has/h	nave authority to manage is/are:	
P.O. Box 2220				
Jupiter, FL 33468				
	of which it is org		ly authenticated by the official having cust s in a foreign language, a translation of the	
		Senature of an author	prized person	
This document is executed submitted in a document to	the Department	rith section 605.0203 (1) (b	o), Florida Statutes. I am aware that any fal degree felony as provided for in s.817.155	se information i, F.S.

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NEOCO 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 MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEOCO LLC" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2017.

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

77 MIN 27 PH 3: 15

a at corp delawate gov/au

Authentication: 202209623

Date: 03-16-17

6342540 8300 SR# 20171812636