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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

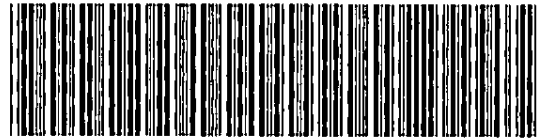
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2019 NOV -6 PM 3:15

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Newagen Consulting, 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:

Lisa Shults

Name of Person

Newagen Consulting, LLC

Firm/Company

2248 Meridian Blvd Ste H

Address

Minden, NV 89423

City/State and Zip Code

LSHULTS@CORPORATEDIRECT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Shults

Name of Contact Person

at ( 775 ) 284-7167

Area Code

Daytime 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

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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:

1. Newagen Consulting, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 10/21/2019

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 172 Center Street, Ste 202

(Street Address of Principal Office)

6. 172 Center Street, Ste 202, Box 2869

(Mailing Address)

Jackson, WY 83001

Jackson, WY 83001

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Registered Agents Inc.

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

, Florida

33702

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Hume

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:  
☐ Manager                      Name: James Sprinkles  
☒ Member                      Address: 172 Center Street, Ste 202  
☐ Authorized                      Jackson, WY 83001  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☐ Manager                      Name: Mary C. Sprinkles  
☒ Member                      Address: 172 Center Street, Ste 202  
☐ Authorized                      Jackson, WY 83001  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_


☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person  
James Sprinkles, Member  
\_\_\_\_\_  
Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Newagen Consulting, LLC**

is a

**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 9, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000879847**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of October, 2019 at 1:42 PM. This certificate is assigned 033236019.



*Edward A. Buchanan*  
Secretary of State

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