

M21000014778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

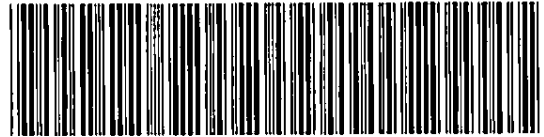
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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NOV 08 2021

K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/05/2021

****WALK IN****

ENTITY NAME NewCo Capital Group LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$155

ACCOUNT #: I20160000072

E R JH

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NewCo Capital Group 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:

Mendy Pickarski

Name of Person

Newco Capital Group LLC

Firm/Company

One Whitehall Street, Suite 200.

Address

New York, NY 10004

City/State and Zip Code

mendy.pickarski@newcocapitalgroup.com

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

For further information concerning this matter, please call:

Mendy Pickarski

212

257.6824

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 & ☒ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

**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. NewCo Capital Group 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. Delaware 3. 85-0834232
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>1160 Kane Concourse</u> (Street Address of Principal Office)	6. <u>1160 Kane Concourse</u> (Mailing Address)
<u>Suite 402</u>	<u>Suite 402</u>
<u>Bay Harbor Islands, FL 33154</u>	<u>Bay Harbor Islands, FL 33154</u>

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

Name: Universal Registered Agents, Inc.

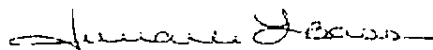
Office Address: 1317 California Street

Tallahassee, Florida 32304
(City) (Zip code)

2021 NOV -5 AM 11:06
APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



(Registered agent's signature)


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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Albert Gahfi	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	1160 Kane Concourse	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input checked="" type="checkbox"/> Authorized		Suite 402	_____	<input type="checkbox"/> Authorized		_____	_____
Person		Bay Harbor Islands, FL 33154	_____	Person		_____	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized		_____	_____	<input type="checkbox"/> Authorized		_____	_____
Person		_____	_____	Person		_____	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	_____	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized		_____	_____	<input type="checkbox"/> Authorized		_____	_____
Person		_____	_____	Person		_____	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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
Albert Gahfi

Typed or printed name of signer

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWCO CAPITAL GROUP 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 FIRST DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEWCO CAPITAL GROUP LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2020.

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



Jeffrey W. Bullock, Secretary of State

7937844 8300

SR# 20213668024

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

Authentication: 204563672

Date: 11-01-21