

M21000014778

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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NOV 08 2021  
K. Brumbley

RECEIVED  
2021 NOV -5 PM 2:14  
SECY. OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED  
2021 NOV -5 AM 11:06  
SECY. OF STATE  
TALLAHASSEE, FLORIDA

*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\*\***

\_\_\_\_\_  
Plain Copy  
XXXXXX  
\_\_\_\_\_  
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 #: 120160000072

*S. B. H. J.*

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





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]:

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

# Delaware

Page 1

The First State

**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.**

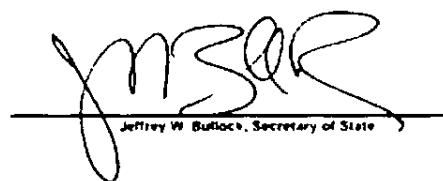
**AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEWCO CAPITAL GROUP LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2020.**

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

7937844 8300

SR# 20213668024

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*jmbl*  
Jeffrey W. Bullock, Secretary of State

Authentication: 204563672

Date: 11-01-21