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DATE:

07/05/22

NAME:

TE NEWLAND INVESTMENTS LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

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:

f name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The	alternate name must include "Limiti	ed Liability Compan	y," "L.L.C."	or "LLC
Delaware			623-22-3271			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI)	number, if applicable	7)	
·	(Date first transacted business in Florida, if prior to a		-			
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration re penalty	n) liability)			
465 Brickell Avenue #		,	465 Brickell Avenue #47			
ireet Address of Principal Office)		0.	(Mailing Address)	_		
Miami, Florida 33131			Miami, Florida 33131			
	-				2922	
. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	⇒ ' ∷ *	2-	120
	eResidentAgent, Inc.			,	7	
Name:				; :.		
Office Address:	801 US Highway 1			•	; 5	
	North Palm Beach		33408 , Florida(Zip cos			
	(City)		(Zip coo	ic)		

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]:

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
■Manager	Name: Tyrone E. Newland	□Manager	Name:	
□Member	Address: PO Box 311002	□Member	Address:	
□Authorized	Miami, FL 33231	□Authorized		
Person		Person		
□Other	Other	Other		□Other
∐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	□Other	□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

Tyrone E. Newland, Manager



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

DELAWARE, DO HEREBY CERTIFY "TE NEWLAND INVESTMENTS, 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 JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TE NEWLAND INVESTMENTS, LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2022.

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

Authentication: 203826140

Date: 07-01-22