

PI80000024267

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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J. FASON

MAR 15 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 113704 7950209

AUTHORIZATION :

COST LIMIT : \$70.00



ORDER DATE : March 12, 2018

ORDER TIME : 8:41 AM

ORDER NO. : 113704-005

CUSTOMER NO: 7950209

DOMESTIC FILING

NAME: NEWTEK BUSINESS SERVICES
HOLDCO 6, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2018

CSC

RESUBMIT

Please resubmit your
submission date as the date.

SUBJECT: NEWTEK BUSINESS SERVICES HOLDCO 6, INC.
Ref. Number: W18000024109

We have received your document for NEWTEK BUSINESS SERVICES HOLDCO 6, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 018A00005038

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2018 MAR 13 AM 4:21
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Newtek Business Services Holdco 6, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Leah Sanders

Name (Printed or typed)

1981 Marcus Avenue, Suite 130

Address

Lake Success, NY 11042

City, State & Zip

(212) 356-9539

Daytime Telephone number

lsanders@newtekone.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Newtek Business Services Holdco 6, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5901 Broken Sound Parkway, NW

Suite 501

Boca Raton, FL 33487

Mailing address, if different is:

1981 Marcus Avenue

Suite 130

Lake Success, NY 11042

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the corporation is to engage in any lawful act or
activity for which a corporation may be organized under the Florida Business Corporation Act. The corporation is not formed
to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body
without such consent or approval first being obtained.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry Sloane, CEO

Address: 5901 Broken Sound Parkway, NW
Suite 501
Boca Raton, FL 33487

Name and Title: Peter Downs, Director

Address: 1981 Marcus Avenue
Suite 130
Lake Success, NY 11042

Name and Title: Jennifer Eddelson, Director

Address: 1981 Marcus Avenue
Suite 130
Lake Success, NY 11042

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

10:00:13 AM 9/16/04
FILED
CLERK OF DISTRICT COURT
JANUARY 11 2005

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Schwartz
Address: 1981 Marcus Avenue, Suite 130
Lake Success, NY 11042

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: _____ Corporation Service Company
Required Signature/Registered Agent *Emily Croft* Emily Croft 03/13/2018
Asst. Vice President Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator

3-12-18
Date