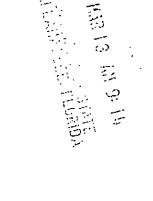
P180000242107

Office Use Only



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2010 MAR 13 W 10 46
ALLANDASSEE FLORIDA

J. FASON MAR 15 2018 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 113704 7950209 AUTHORIZATION : COST LIMIT : 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

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

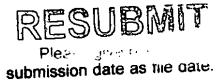
CONTACT PERSON: Emily Croft - EXT. 62925



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2018

CSC



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):

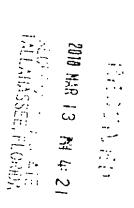
The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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



COVER LETTER

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

SUBJECT: Newtek	Business Services Holdeo 6, Inc.		
50MC01	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d 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:	Nam 1 Marcus Avenue, Suite 130	e (Printed or typed)	
		Address	
Lak	e Success, NY 11042		
	City	, State & Zip	
(21)	2) 356-9539		
	Daytime *	Felephone number	
lsan	ders@newtekone.com		
	E-mail address: (to be use	d 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 II PR	INCIPAL OFFICE Principal street address		Mailing address, if different i	ic.	
5901 Broken Sound Parkway, NW		1981 Marcus Avenue			
Suite 501		Suite 130			
Boca Raton, FL 334	487	Lake Success, NY 11042			
	ch the corporation is organized is:	· · · · · · · · · · · · · · · · · · ·	n is to engage in any lawful		
activity for which a	corporation may be organized under the Flo	orida Business Corpo	ration Act. The corporation	is not forme	
to engage in any ac	t or activity requiring the consent or approva	l of any state official	, department, board, agency	or other boo	
without such conser	nt or approval first being obtained.				
					
					
		 			
· · · · · · · · · · · · · · · · · · ·					
ARTICLE IV SH	ARES				
1712 1 (174 17 17 17)					
					
The number of share	s of stock is:				
The number of share	S of stock is: TIAL OFFICERS AND/OR DIRECTORS Page Stoom CEO		Data Daving O		
The number of share	S of stock is: TIAL OFFICERS AND/OR DIRECTORS Page Stoom CEO	Name and Title	Peter Downs, Director		
The number of share	S of stock is: TIAL OFFICERS AND/OR DIRECTORS Page Stoom CEO	Name and Title	Peter Downs, Director 1981 Marcus Avenue		
The number of share ARTICLE V INI Name and	S of stock is: TIAL OFFICERS AND/OR DIRECTORS Fitle: Barry Sloane, CEO				
The number of share ARTICLE V INI Name and	S of stock is: TIAL OFFICERS AND/OR DIRECTORS Title: Barry Sloane, CEO 5901 Broken Sound Parkway, NW		1981 Marcus Avenue		
The number of share ARTICLE V INI Name and Address	FILAL OFFICERS AND/OR DIRECTORS Fitle: Barry Sloane, CEO 5901 Broken Sound Parkway, NW Suite 501 Boca Raton, FL 33487	Address:	1981 Marcus Avenue Suite 130 Lake Success, NY 11042		
The number of share ARTICLE V INI Name and	TIAL OFFICERS AND/OR DIRECTORS Title: Barry Sloane, CEO 5901 Broken Sound Parkway, NW Suite 501 Boca Raton, FL 33487 Title: Jennifer Eddelson, Director		1981 Marcus Avenue Suite 130 Lake Success, NY 11042		
The number of share ARTICLE V INI Name and Address	FILAL OFFICERS AND/OR DIRECTORS Fitle: Barry Sloane, CEO 5901 Broken Sound Parkway, NW Suite 501 Boca Raton, FL 33487	Address:	1981 Marcus Avenue Suite 130 Lake Success, NY 11042		
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The number of share ARTICLE V INI Name and Address Name and T Address	FILAL OFFICERS AND/OR DIRECTORS Fitle: Barry Sloane, CEO 5901 Broken Sound Parkway, NW Suite 501 Boca Raton, FL 33487 itle: 1981 Marcus Avenue Suite 130 Lake Success, NY 11042	Address: Address: Address: Address:	1981 Marcus Avenue Suite 130 Lake Success, NY 11042		
Name and T Address Name and T	FILAL OFFICERS AND/OR DIRECTORS Fitle: Barry Sloane, CEO 5901 Broken Sound Parkway, NW Suite 501 Boca Raton, FL 33487 Jennifer Eddelson, Director 1981 Marcus Avenue Suite 130 Lake Success, NY 11042	Address: Name and Title Address: Name and Title	1981 Marcus Avenue Suite 130 Lake Success, NY 11042	TAIL SEE T	
The number of share ARTICLE V INI Name and Address Name and T Address	FILAL OFFICERS AND/OR DIRECTORS Fitle: Barry Sloane, CEO 5901 Broken Sound Parkway, NW Suite 501 Boca Raton, FL 33487 itle: 1981 Marcus Avenue Suite 130 Lake Success, NY 11042	Address: Name and Title Address: Name and Title	1981 Marcus Avenue Suite 130 Lake Success, NY 11042	Dan see in	
The number of share ARTICLE V INI Name and Address Name and T Address	FILAL OFFICERS AND/OR DIRECTORS Fitle: Barry Sloane, CEO 5901 Broken Sound Parkway, NW Suite 501 Boca Raton, FL 33487 Jennifer Eddelson, Director 1981 Marcus Avenue Suite 130 Lake Success, NY 11042	Address: Name and Title Address: Name and Title	1981 Marcus Avenue Suite 130 Lake Success, NY 11042	TAIL SEE T	

Name and Title:		Name and Title:		
Addres	ss	Address:		
		- -		
ARTICLE VI	REGISTERED AGENT	Sala in I		
Name:	Florida street address (P.O. Box NOT acceptable) o Corporation Service Company	i the registered agent is:		
Address:	1201 Hays Street	-		
710010.8).	Tallahassee, FL 32301	_		
ARTICLE VII	INCORPORATOR			
The name and a	address of the Incorporator is:			
Name:	Michael Schwartz	_		
Address:	1981 Marcus Avenue, Suite 130	_		
	Lake Success, NY 11042	-		
ARTICLE VIII	EFFECTIVE DATE:			
(If an effective of filing.)	f other than the date of filing:		ior or 90 days after the	
Note: If the date the document's e	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements	, this date will not be listed as	
this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as researcise Company	gistered agent and agree to a	ct in this capacity	
By:	mulh () at	<u>Emily Croft</u>	03/13/2018	
I submit this do	Required Signature/Registered Agent / Cument and affirm that the facts stated begin are	Asst. Vice Presid	ent	
document to the	Department of State constitutes a third degree felon	y as provided for in s.817.15	5, F.S.	
/			7-12-18	
Requ	ired signature Incorporator	 _	Date	
# /////				