

F21000006197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

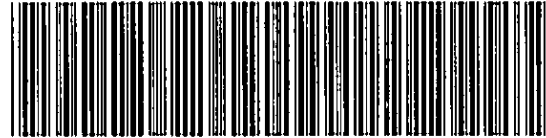
(Document Number)

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2021 OCT 25 PM 12:58

OCT 27 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newman Services Corp (dba) Newman Intervention Services

Name of corporation - must include suffix

Dear Sir or Madam,

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert O Newman II

Name of Person

Newman Services Corp

Firm/Company

5238 Dixie Ct

Address

Kansas City, KS 66106

City/State and Zip code

newman652003@yahoo.com

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

For further information concerning this matter, please call:

Robert Newman

at (808) 351-6444

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

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OCT 25 2021

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Newman Services Corp
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Newman Intervention Services Corp

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kansas 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 29th 2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5238 Dixie Ct, Kansas City, KS 66106
(Principal office street address)

(Current mailing address, if different)

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

Name: At Cause Law Office, PLLC

Office Address: 1555 Misty Plateau Trail

Clearwater, Florida 33765
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

2021 OCT 25 PM 12:50

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name	Robert O Newman II	<input type="checkbox"/> Chairman	Name	_____
Vice Chairman	Address	5238 Dixie Ct, Kansas City, KS 66106	<input type="checkbox"/> Vice Chairman	Address	_____
<input type="checkbox"/> Director	_____		<input type="checkbox"/> Director	_____	
<input type="checkbox"/> President	_____		<input type="checkbox"/> President	_____	
<input type="checkbox"/> Vice President	_____		<input type="checkbox"/> Vice President	_____	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer		<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> Chairman	Name	_____	<input type="checkbox"/> Chairman	Name	_____
<input type="checkbox"/> Vice Chairman	Address	_____	<input type="checkbox"/> Vice Chairman	Address	_____
<input type="checkbox"/> Director	_____		<input type="checkbox"/> Director	_____	
<input type="checkbox"/> President	_____		<input type="checkbox"/> President	_____	
<input type="checkbox"/> Vice President	_____		<input type="checkbox"/> Vice President	_____	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer		<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> Chairman	Name	_____	<input type="checkbox"/> Chairman	Name	_____
<input type="checkbox"/> Vice Chairman	Address	_____	<input type="checkbox"/> Vice Chairman	Address	_____
<input type="checkbox"/> Director	_____		<input type="checkbox"/> Director	_____	
<input type="checkbox"/> President	_____		<input type="checkbox"/> President	_____	
<input type="checkbox"/> Vice President	_____		<input type="checkbox"/> Vice President	_____	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer		<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	

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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.

12 _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

13 Robert O Newman II
(Typed or printed name and capacity of person signing application)

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8763609

Entity Name: NEWMAN SERVICES CORP

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on August 29, 2017, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 07, 2021

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1192994 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2021

ROBERT O NEWMAN II
NEWMAN SERVICES CORP
5238 DIXIE CT
KANSAS CITY, KS 66106

SUBJECT: NEWMAN SERVICES CORP
Ref. Number: W21000128838

We have received your document for NEWMAN SERVICES CORP . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name on line 1 we took out the dba, as it cannot be included with the name of the company as the name has to match the certificate of good standing. Please list the alternate name on the line beneath with a corporate suffix and return to my attention at your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 821A00025026

*Rec'd
10-25-21*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2021

ROBERT O NEWMAN II
NEWMAN SERVICES CORP
5238 DIXIE CT
KANSAS CITY, KS 66106

SUBJECT: NEWMAN SERVICES CORP
Ref. Number: W21000128838

We have received your document for NEWMAN SERVICES CORP and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 221A00023207

RECEIVED

OCT 12 2021