

F02000003690

TRANSMITTAL LETTER

7/18 CC+CVS

TO: Registration Section
Division of Corporations

FOR CORP.

SUBJECT: NEWPORT RESOURCE MANAGEMENT, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Aut
"Certificate of Existence", and check are submitted to regi
to transact business in Florida.

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07/18/02--01061--012
*****87.50 *****87.50

Please return all correspondence concerning this matter to the following:

MICHAEL CAMILLERI
(Name of Person)

PREFERRED INSURANCE CAPITAL CONSULTANTS
(Firm/Company)

2101 NW CORPORATE BOULEVARD, SUITE 415
(Address)

BOCA RATON, FLORIDA 33431
(City/State and Zip code)

For further information concerning this matter, please call:

Jennifer M. Dougan at (561) 241-9974
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

FILED
02 JUL 18 AM 8:56
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- ☐ \$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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

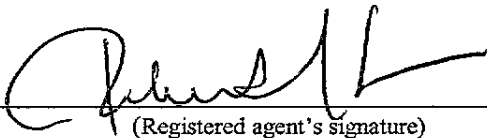
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. NEWPORT RESOURCE MANAGEMENT, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. RHODE ISLAND 3. 0505041888
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 17, 1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 101 BENJAMIN DRIVE, PORTSMOUTH, RI 02871
(Principal office address)
122 VINTAGE ISLE, PALM BEACH GARDENS, FLORIDA 33418
(Current mailing address)
8. GENERAL MANAGEMENT CONSULTING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: ROBERT LUCIA
Office Address: 122 VINTAGE ISLE
PALM BEACH GARDENS, Florida 33418
(City) (Zip code)

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TALLAHASSEE FLORIDA

10. 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)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ROBERT LUCIA

Address: 122 VINTAGE ISLE, PALM BEACH GARDENS, FL 33418

Director: RICHARD DEORAK

Address: ONE DEVONSHIRE PLACE, #4012, BOSTON, MA 02109

B. OFFICERS

President: CHARLES DEORAK

Address: 1612 KILWINNING COURT, PALM HARBOR, FL 34684

Vice President: RICHARD DEORAK

Address: ONE DEVONSHIRE PLACE, BOSTON, MA 02109

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT LUCIA

(Typed or printed name and capacity of person signing application)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State

The Office of the Secretary of the State of Rhode Island and Providence Plantations, **HEREBY CERTIFIES**, that

Newport Resource Management, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on the seventeenth day of March A.D., 1999; and

IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.

SIGNED AND SEALED this first day of
July A.D., 2002.

Edward S. Inman, III

Secretary of State

BY *Maureen Puring*

