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J.Shirate A. F. Commission

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: New /ngovation - Mc (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," 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:
STEPHEN C Reed (Name of Person)
(Name of Person)
New INNOVATIONS INC (Firm/Company)
3743 Boettler OAKS DRIVE, SUITE B (Address)
Union True 04 44685
(City/State and Zip code)
(City/State and Zip code) For further information concerning this matter, please call: STeve Reed at (330) 899-9954 (Name of Person) (Area Code & Daytime Telephone Number)
Syeve Reed at (330) 877-7957
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\bigcup \$78.75 Filing Fee & \$\bigcup \$78.75 Filing Fee & \bigcup \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy \$87.50 Filing Fee, 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. New /NNoVATIONS /NC, (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
ine., co., corp, rise, co, or corp.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>OH10</u> 3. <u>06-1667025</u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/1/2002 5. PERPETUAL (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 4-15-2006 (Date first transacted business in Florida, if prior to registration)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.3743 Boetrier OAKS DR. Sylte B. UnionTown, OH 44685 (Principal office address)
3743 BOETT/eR OAKS DR, SUITE B, UNIONTOWN, OH 44685 (Current mailing address)
(Current mailing address)
8. License USe of Software to Physic, AN Residency Training Hospitals (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 NOT acceptable)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: RA Agents, Inc.
Name: KFA Hacks, Inc.
Office Address: BSO Park Shore Drive, Third Floor
Nanles 34103 S. G.
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: RAA Agents, Inc. Office Address: BSO Park Share Drive, Third Floor Wayles Address: Florida 34103 (City) (City) (City) (P.O. Box NOT acceptable) (City) (P.O. Box NOT acceptable) (City)
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.
R&A Agents, 1
William & O Ville
(Registered agent's signature) Ry: William R. O. Weill, Assistant Sec y
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: __ Address: _____ Director: __ Address: ___ B. OFFICERS President: StepHen C. Reed Address: 3743 BOETTIER OAKS DR. SUITE B MAIONTOWN, OH 44685 Vice President: Address: Secretary: Denise M. Reed Address: 3743 BOETTIER OAKS DR. SUITE B. UNIONTOWN, OH 44685 Treasurer: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Steph C. Read
(Signature of Director or Officer listed in number 12 of the application) 14. <u>STEPHEN</u> C. <u>Reed PResident</u>

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

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations: that said records show NEW INNOVATIONS, INC., an Ohio Corporation, Charter No. 1365235, having its principal location in Uniontown, County of Summit, was incorporated on January 27, 2003, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of March, A.D. 2006.

Ohio Secretary of State

Validation Number: 200608202504