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COVER LETTER

Division of Corporations	
SUBJECT: ROBERT A. NEWMAN, P.C.	
Name o	f corporation - must include suffix
Dear Sir or Madam:	
• • • • • • • • • • • • • • • • • • • •	for Authorization to Transact Business in Florida," Standing"and check are submitted to register the above is in Florida.
Please return all correspondence concerning this	matter to the following:
ELIZABETH MERRILL, CPA	
Na	me of Person
ROSENFELT, SIEGEL & GOLDBERG	
FI	rm/Company
33 ROCK HILL ROAD SUITE 300	Address
	Address
BALA CYNWYD, PA 19004	ate and Zip code
City/Si	ate and zip code
LIZ@RSGCPAS.COM	d for future and an art motification)
E-mail address. (to be use	d for future annual report notification)
For further information concerning this matter, plea	ase call:
ELIZABETH MERRILL, CPA at	610-667-2060 X 103
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center 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:	
X \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.	ROBERT A. NE\	WMAN, P.C.							
	,	corporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.")	"COMPANY,"	"CORPORA	TION,"				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)									
2.	PENNSYLVANIA	A	3.		23-2083614				
	(State or country	(FE	(FEI number, if applicable)						
4.		12/4/1978	5. PERPET	TUAL					
		(Date of incorporation)	(Dura	ation: Year o	orp. will cease to	exist or "per	petual")		
6.			1/1/2010						
		(Date first transacted business in Florida, if prior to registration)							
		(SEE SECTIONS 607.1501 & 60	7.1502, F.S., to	determine p	enalty liability)				
7.	357 EAGLE DRI	VE JUPITER, FL 33477							
(Principal office address)									
	357 EAGLE DRI	VE JUPITER, FL 33477							
		(Current	mailing address	s)		•			
8.	CORPORATION	PROVIDES LEGAL SERVICES. MOVED CO	ORPORATE HE	EADQUARTE	RS FROM PA T	O FLORI DA	BIYS S		
		(Purpose(s) of corporation authorized in home					SECR SECR		
9.	Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> a	acceptable)		AUG 13	FIL FIL OF C		
	Name:	ROBERT A NEWMAN, ESQ		_		2	39 AE		
Oi	ffice Address:	357 EAGLE DRIVE		-		PH 12: 23	STAII		
		JUPITER		, Florida	33477	ω	오'''		
		(City)		_,	(Zip code)		()		
10) Registered a	aent'e accentance:							

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.

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.

A. DIRECTORS

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

Chairman:			
Address:			
Vice Chair	man:		
Address:			
			······································
Director:			
Address:			
Director:			
Address:			
B. OFFI	CERS		
President:	ROBERT A NEWMAN		
Address:	357 EAGLE DRIVE	10	SEV
	JUPITER, FL 33477	AUG	
Vice Presid	dent:	ω 	RYE
Address:		- 5: - 1: - 1: - 1: - 1: - 1: - 1: - 1: - 1	P S S S S S S S S S S S S S S S S S S S
		23	ATIO
Secretary:			NS .
Address:			
Treasurer:			
Address:			
	necessary, you may estach an addendum to the application listing additional officers and/or director	ors.	
13. 🔨	(Signature of Director or Officer listed in number 12 of the application)		
14. ROBE	RT A NEWMAN, PRESIDENT		
	(Typed or printed name and capacity of person signing application)		, ,

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JULY 7, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

SECRE JAK OR PORATION
DIVISION OF CORPORATION
10 AUG 13 PM 12: 23

I DO HEREBY CERTIFY THAT,

ROBERT A. NEWMAN, P.C.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Acting Secretary of the Commonwealth

Basil L. Merenda

Certification Number: 8876280-1