

F12000002455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

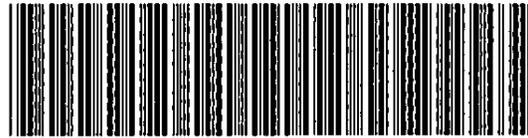
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/07/12--01018--016 **70.00

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12 JUN 12 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/13/12

1117 2555A W12-36860

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NEWMAN ASSOCIATES, INC.

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:

Al Bourre, CFO

Name of Person

NewmanAssociates, Inc.

Firm/Company

80 Hudson Road Suite 200

Address

Canton, MA 02021

City/State and Zip code

abourre@newmanassoc.com

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

For further information concerning this matter, please call:

Al Bourre

Name of Person

at (781) 329-4000

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:

\$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



RECEIVED

12 MAY 18 AM 10:44

SECRETARY OF STATE
STATE OF FLORIDA
FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

AL BOURNE, CFO
NEWMAN ASSOCIATES, INC.
80 HUDSON ROAD, SUITE 200
CANTON, MA 02021

SUBJECT: NEWMAN ASSOCIATES, INC.
Ref. Number: W12000025550

We have received your document for NEWMAN ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 512A00013787



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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12 JUN -1 AM 11:58
DIVISION OF CORPORATIONS

May 21, 2012

AL BOURRE, CFO
NEWMAN ASSOCIATES, INC.
80 HUDSON ROAD, SUITE 200
CANTON, MA 02021

SUBJECT: NEWMAN ASSOCIATES, INC.
Ref. Number: W12000028083

We have received your document for NEWMAN ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The alternate name is not available with the ending word spelled out. It is the same as not being spelled out.

Please return the corrected original and one copy of 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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 312A00014852



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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12 JUN 11 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 6, 2012

AL BOURRE, CFO
NEWMAN ASSOCIATES, INC.
80 HUDSON ROAD, SUITE 200
CANTON, MA 02021

SUBJECT: NEWMAN ASSOCIATES MASSACHUSETTS
Ref. Number: W12000030860

We have received your document for NEWMAN ASSOCIATES MASSACHUSETTS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

The alternate name must have an ending word after it.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 712A00015998

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 Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

Newman Associates MASSACHUSETTS, INC. incorporated
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. 04-2347610
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 31, 1964 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 80 Hudson Road Suite 200 Canton, MA 02021
(Principal office address)

Same
(Current mailing address)

8. Distributor/Wholesaler Plumbing Supplies
(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)

Name: Henry D. Newman III

Office Address: 4600 North Ocean Drive Unit 301

Singer Island, Florida 33404
(City) (Zip code)

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12 JUN 12 PM 2:23
SECRETARY OF STATE
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.

[Signature]
(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: Henry D. Newman III

Address: 4600 North Ocean Drive Unit 301
Singer Island, FL 33404

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Henry D. Newman III

Address: 4600 North Ocean Drive Unit 301
Singer Island, FL 33404

Vice President: _____

Address: _____

Secretary: Henry D. Newman III

Address: 4600 North Ocean Drive Unit 301 Singer Island, FL 33404

Treasurer: Henry D. Newman III

Address: 4600 North Ocean Drive Unit 301 Singer Island, FL 33404

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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 s.817.155, F.S.

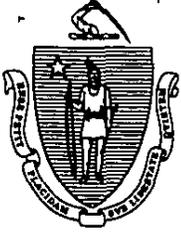
14. Henry D. Newman III President

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

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12 JUN 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

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12 JUN 12 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: April 24, 2012

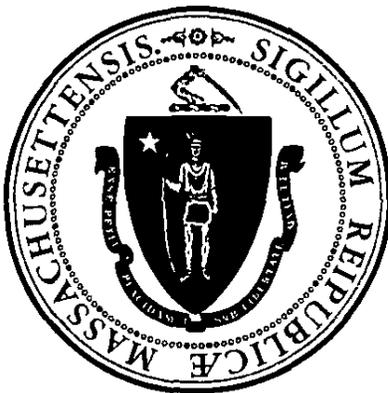
To Whom It May Concern :

I hereby certify that,

NEWMAN ASSOCIATES, INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **December 31, 1964.**

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Certificate Number: 12047056540

Verify this Certificate at: <http://corp.sec.state.ma.us/corp/Certificates/Verify.asp>

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