

**F/3000000/13**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

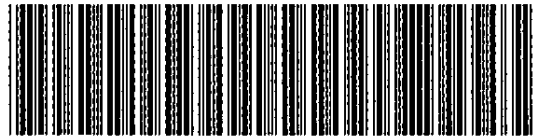
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

*K 01/09/13*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NEWCOMM MANAGEMENT SERVICES CORP.

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:

**Oswaldo Garcia**

Name of Person

**Newcomm Management Sevices Corp.**

Firm/Company

**3956 Town Center Blvd. Suite 330**

Address

**Orlando, Florida 32837**

City/State and Zip code

**ogarcia@newcomm2000.com**

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

For further information concerning this matter, please call:

**Oswaldo Garcia**

Name of Person

at ( **787** ) **638-0463**

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

**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. **NEWCOMM MANAGEMENT SERVICES, CORP.**

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

**NEWCOMM SERVICES CORP.**

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

2. **Puerto Rico** 3. **660651056**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **10/22/2004** 5. **Perpetual**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. **865 St. Km. 4.0 Bo. Candelaria Arenas, Toa Baja, P.R.**  
(Principal office address)  
**3956 Town Center Blvd. Suite 330 Orlando, Fl. 32837**  
(Current mailing address)

8. **To perform any or all lawful business**  
(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: **Leticia Garcia**  
Office Address: **542 Flower Fields. Ln**  
**Orlando, Fl.**, Florida **32824**  
(City) (Zip code)

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.

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**TALLAHASSEE, FLORIDA**

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

A. DIRECTORS

Chairman:

Oswaldo Garcia

Address:

Urb. Sabanera de Dorado 199  
Dorado, PR 00646

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

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B. OFFICERS

President:

Oswaldo Garcia

Address:

Urb. Sabanera de Dorado 199  
Dorado, PR 00646

Vice President:

Address:

Secretary:

Same

Address:

Treasurer:

Same

Address:

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.

Oswaldo Garcia - Chairman

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



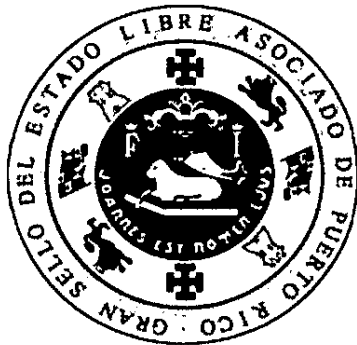
Government of Puerto Rico  
**DEPARTMENT OF STATE**  
San Juan, Puerto Rico

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TALLAHASSEE, FLORIDA

## **CERTIFICATE OF GOOD STANDING**

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, **NEWCOMM MANAGEMENT SERVICES, CORP.**, register number **148853**, a **for profit domestic** corporation, organized under the laws of Puerto Rico, has complied with the filing of its Annual Reports.



**IN WITNESS WHEREOF**, I hereby sign this certificate, in the City of San Juan, Puerto Rico, today, **January 05, 2013**.

  
**DAVID E. BERNIER RIVERA**  
Secretary of State

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To validate this certificate go to: <http://www.estado.gobierno.pr>

This certificate can be validated up to 2 times before its expiration date of 05-Apr-2013.

Certificate Validation Number: **33694-61816936**