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(Address)

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T. SCOTT

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DIVISION OF CORPORATIONS

## COVER LETTER

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

**SUBJECT:** NewSouth Technologies, 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:

Ben Comer

Name of Person

NewSouth Technologies, Inc.

Firm/Company

120 Saint Albans Drive, Suite 605

Address

Raleigh, NC 27609

City/State and Zip code

bcomer@newsouthtech.com

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

For further information concerning this matter, please call:

Ben Comer

Name of Person

at ( 919 ) 271-3904

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. **NewSouth Technologies, Incorporated**

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

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

2. **North Carolina** 3. **56-2105542**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. **10/2/1998**

(Date of incorporation)

5. \_\_\_\_\_  
(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. **120 Saint Albans Drive, Suite 605 Raleigh, NC 27609**

(Principal office address)

**120 Saint Albans Drive, Suite 605 Raleigh, NC 27609**

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Elizabeth Comer**

Office Address: **90 Alton Road, #1811**

**Miami Beach**


(City)

, Florida **33139**

(Zip code)

9. **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)

10. 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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DIVISION OF CORPORATE REGISTRATION  
STATE OF FLORIDA

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

**A. DIRECTORS**

Chairman: Robert Benjamin Comer, Jr.

Address: 132 Edward Teach Wynd

Bald Head Island, NC 28461

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Robert Benjamin Comer, Jr.

Address: 132 Edward Teach Wynd

Bald Head Island, NC 28461

Vice President: Elizabeth Comer

Address: 90 Alton Road, Apt. 1811

Miami Beach, FL 33139

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: Elizabeth Comer

Address: 90 Alton Road, Apt. 1811 Miami Beach, FL 33139

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

12.   
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.

13. R. Benjamin Comer, Jr.

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

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# NORTH CAROLINA

## Department of the Secretary of State

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### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **NEWSOUTH TECHNOLOGIES, INC.**

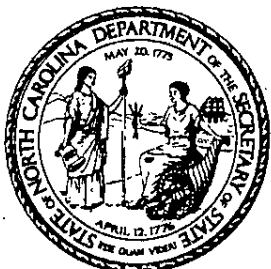
is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of October, 1998, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of October, 2014.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.