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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ManagedReports@incorp.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
NEWPORT DESIGNS CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

K. SALY
EXAMINER
OCT 14 2015

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** NEWPORT DESIGNS 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:

Melissa Gubler

Name of Person
InCorp Services, Inc.Firm/Company
2360 Corporate Circle, Suite 400Address
Henderson, NV 89074City/State and Zip code
managedreports@incorp.com

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

For further information concerning this matter, please call:

Melissa Gubler for InCorp Services, Inc.

at 702

888-2500

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**MAILING ADDRESS:**Registration 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

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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. NEWPORT DESIGNS CORP.

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

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

2. New York 3. _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/04/2005 5. Perpetual
 (Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1932 McDonald Ave, Brooklyn, NY 11223
 (Principal office address)

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
 (City) (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.



Melissa Gubler on behalf of InCorp Services, Inc.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jason Klein

Address: 1932 McDonald Ave

Brooklyn, NY 11223

Director: _____

Address: _____

B. OFFICERS

President: Jason Klein

Address: 1932 McDonald Ave

Brooklyn, NY 11223

Vice President: _____

Address: _____

Secretary: Jason Klein

Address: 1932 McDonald Ave, Brooklyn, NY 11223

Treasurer: Jason Klein

Address: 1932 McDonald Ave, Brooklyn, NY 11223

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

12. ☒ Jason Klein

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Jason Klein, President

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

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**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of NEWPORT DESIGNS CORP. was filed on 10/04/2005, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of October
two thousand and fifteen.*

Anthony Giardina
Executive Deputy Secretary of State

201510130245 * 30

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