

# F95000003878

**NORTHEAST AQUATIC DESIGN  
& SUPPLY, INC.**  
11 MIDLAND ROAD  
LYNNFIELD, MA 01940

RECEIVED

95 JUL 24 PM 12:01

DIVISION OF CORPORATION

Corporate Research Services

OFFICE USE ONLY

4244 W. Tennessee St., Suite 388  
Tallahassee, FL 32304

1(800) 817-4731  
(904) 539-1128  
FAX 539-0721

000001544080  
-07/24/95--01032--009  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Northeast Aquatic Design and Supply, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certificate of Status

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 24 11 AM 10:27

W 8/11

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit Foreign
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

RECEIVED  
95 JUL 24 PM 3:19  
DIVISION OF CORPORATIONS

July 24, 1995

CORPORATE RESEARCH SERVICES  
WALK-IN, WILL-WAIT

SUBJECT: NORTHEAST AQUATIC DESIGN & SUPPLY, INC.  
Ref. Number: W95000014827

We have received your document for NORTHEAST AQUATIC DESIGN & SUPPLY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, requires this office to collect a \$500 penalty fee for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$2,800.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 095A00035115

*Will wait*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 24, 1995

CORPORATE RESEARCH SERVICES  
WALK-IN, WILL-WAIT

SUBJECT: NORTHEAST AQUATIC DESIGN & SUPPLY, INC.  
Ref. Number: W95000014827

We have received your document for NORTHEAST AQUATIC DESIGN & SUPPLY, INC. and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

We have received your corrected document and will retain it in this office. Please refer to the attached copy of our previous letter. You must submit either the \$2,800.00 in penalty and annual report fees, or the affidavit described in the fourth paragraph. We cannot file the application until the payment is made or the affidavit is submitted.

Please return 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 (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 695A00035178

AUGUST 1, 1995

THE FOLLOWING IS THE SWORN AFFIDAVIT OF WINTHROP S. KNOX, III

NAME: WINTHROP S. KNOX, III

DOB: APRIL 22, 1946

RESIDENCE: 11 MIDLAND ROAD - LYNNFIELD, MA 01940


BUSINESS ADDRESS: SAME

OCCUPATION: VICE PRESIDENT - NORTHEAST AQUATIC DESIGN & SUPPLY, INC.

NORTHEAST AQUATIC DESIGN & SUPPLY, INC. HAS NOT CONDUCTED BUSINESS IN THE STATE OF FLORIDA AS OF THIS DATE.

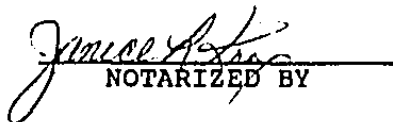
WE ARE INTERESTED IN DOING BUSINESS IN FLORIDA BEGINNING SEPTEMBER 1, 1995.

SIGNED:

  
WINTHROP S. KNOX, III

DATED:

8/1/95

  
NOTARIZED BY

December 28, 2001  
COMMISSION EXPIRES

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
JUL 11 11:10:27

**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. NORTHEAST AQUATIC DESIGN & SUPPLY, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. MASSACHUSETTS 3. 04291-2233  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/28/86 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 5/91  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))

7. 11 MIDLAND ROAD  
LYNNFIELD, MA 01940  
(Current mailing address)

8. DESIGN, SUPPLY OF EQUIPMENT AND CHARTER  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: WINTHROP S. KNOX, III

Office Address: 5810 NORTHEAST 15 TH AVE.

FT. LAUDERDALE, FL, Florida, 33334  
(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.

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

A. DIRECTORS

Chairman: JANICE L. KNOX

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

Vice Chairman: WINTHROP S. KNOX, III

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

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

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

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

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

B. OFFICERS

President: JANICE L. KNOX

Address: 11 MIDLAND ROAD

LYNNFIELD, MA 01940

Vice President: WINTHROP S. KNOX, III

Address: 11 MIDLAND ROAD

LYNNFIELD, MA 01940

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

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

Treasurer: \_\_\_\_\_

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

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

13. Wm S Knox V. Chairman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. VICE-CHAIRMAN VICE-PRESIDENT  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

# *The Commonwealth of Massachusetts*

*Secretary of the Commonwealth*

*State House, Boston, Massachusetts 02133*

July 21, 1995

TO WHOM IT MAY CONCERN:

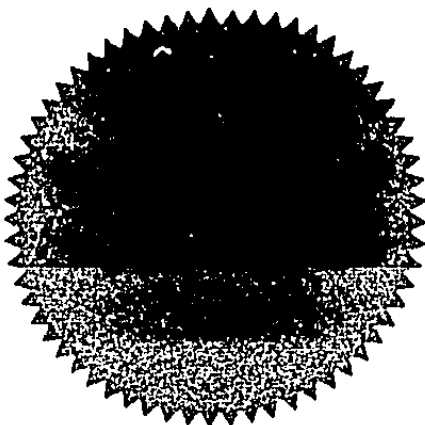
I hereby certify that according to the records of this office

**Northeast Aquatic Design & Supply, Inc.**

is a domestic corporation organized on March 28, 1986, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156B section 101 for said corporations dissolutions; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 11 AM 10:27



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

*William Francis Galvin*

Secretary of the Commonwealth

\* This is not a tax clearance. Certificates certifying that all taxes due and payable by the corporation have been paid or provided for are issued by the Department of Revenue.

NEM