

F14 000004235

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000235252 3)))



H140002352523ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381
From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION
AGERpoint, Inc.

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (01), and Estimated Charge (\$78.75).

RECEIVED
14 OCT -7 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT -7 PM 4:14

Handwritten notes and signatures at the bottom left corner.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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

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

2. Delaware
(State or country under the law of which it is incorporated) (PE number, if applicable)

4. September 11, 2014 Perpetual
(Date of incorporation) (Duration: year corp. will cease to exist or "perpetual")

6. September 11, 2014
(Date first transacted business in Florida, if prior to formation)
(SEE SECTIONS 607.1301 & 607.1302, F.S., to determine penalty liability)

7. 424 E. Central Blvd. #124 Orlando, FL 32801
(Principal office address)

424 E. Central Blvd. #124 Orlando, FL 32801
(Current mailing address)

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

Name: K. Thomas McPeck

Office Address: 424 E. Central Blvd. #124

Orlando Florida 32801
(City) (State) (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.

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

A. DIRECTORS

Chairman: K. Thomas McPeck

Address: 424 E. Central Blvd. #124

Orlando, FL 32801

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: K. Thomas McPeck

Address: 424 E. Central Blvd. #124

Orlando, FL 32801

Vice President: K. Thomas McPeck

Address: 424 E. Central Blvd. #124

Orlando, FL 32801

Secretary: K. Thomas McPeck

Address: 424 E. Central Blvd. #124, Orlando, FL 32801

Treasurer: K. Thomas McPeck

Address: 424 E. Central Blvd. #124, Orlando, FL 32801

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 § 817.155, F.S.

13. K. Thomas McPeck

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY " AGERPOINT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID " AGERPOINT, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5601892 8300

141265041

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1759809

DATE: 10-07-14