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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Consist Instructions to		* ***

Special Instructions to Filing Officer:

L. SELLERS

APR 22 2010

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

### **COVER LETTER**

_	ration Section on of Corporations
SUBJECT:	NEWPOINT RESOURCES LLC
	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return al	correspondence concerning this matter to the following:
	Robert D. Smith Name of Person
	Newpoint Resources LLC Firm/Company
	5A Garrism Road Address
	Newbury Port MA 01950 City/State and Zip Code
	City/State and Zip Code
	rob @ newpointresources.com  E-mail address: (to be used for future annual report notification)
For firsthan info	
roi lutulei iillo	Rob Smi H at (978) 828 8206
	Name of Person Area Code & Daytime Telephone Number
Division Registr P.O. B	ING ADDRESS: on of Corporations ox 6327 assee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
\$12:	\$130.00 Filing Fee \$\bigcup \$130.00 Filing Fee & \bigcup \$155.00 Filing Fee & \bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Newpoint Resources LLC.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")  (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC.," or "LLC.")  2. Massachusetts  (Dursidiction under the law of which foreign limited liability company is organized)  4. 10-18-2006  (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.)  (See sections 608-501 & 608.051 F.S. to determine penalty liability)  7. SA GALLISON ROAD  (Sureet Address of Frincipal Office)  8. If limited liability company is a manager-managed company, check here Kere and usual business addresses of the managing members or managers are as follows: Part of the managers and usual business addresses of the managing members or managers are as follows: Part of the purpose of the conficulty of records in the jurisdiction under the law of which is is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a transaction of the certificate under oath of the transacor must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida: #Liced an individual address of the certificate under oath of the transacor must be submitted.)	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managers or managers members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LL.C."  2. Massachusetts (Jurisdiction under the law of which foreign limited liability company is organization)  3. 20-573/027 (FEI number, If applicable)  4. 10-18-2006 (Date of Organization)  5. Perpetual (Duration: Year Iffinited liability company will cease to exist or "perpetual")  6. 4-15-2010 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 5A Garrison Road Newbury Port MA 01950  8. If limited liability company is a manager-managed company, check here  Pob Smith  SA Garrison Road Newbury port MA 01950  10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under ceth of the translator must be submitted.)	
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")  2.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
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(See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. SA Garrison Road  Newbury Port MA 01950  (Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here Sirent Address of Principal Office)  9. The name and usual business addresses of the managing members or managers are as follows: Port Sarrison Road  SA Garrison Road  Newbury port MA 01950  10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida: Hiced an individual.	Massachusetts  Jurisdiction under the law of which foreign limited liability ompany is organized)  3. 20-573/027  (FEI number, if applicable)
Newbury Port MA 01950  Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here   9. The name and usual business addresses of the managing members or managers are as fallows:   Rob Smith  5A Garrison Road  Newbury port MA 01950  10. Attached is an original certificate of existence, no more than 90 days okl, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida: Hiced an individual.	exist or "perpetual")
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11. Nature of business or purposes to be conducted or promoted in Florida: Hired an individual of Joject work - as Temporary WZ Employee.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
or groject work - as Temporary W2 Employee.	Nature of business or purposes to be conducted or promoted in Florida: Hired an individual
- All -	groject work - as Temporary WZ Employee.
	A Contract of the second of th
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	
an affirmation under the penalties of perjury that the facts stated herein are true.)	an affirmation under the penalties of perjury that the facts stated herein are true.)
Typed or printed name of signee	Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

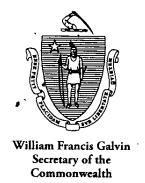
	lewpoint Resources LLC, the alternate to be used in the state of Florida is:
•	
The name	and the Florida street address of the registered agent and office are:
	In Corp Services, Inc.
	(Name)
	17888 67th St. North
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Loxahatchee FL 33470
	City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Quine & Kalinowski (Signature)

1. The name of the Limited Liability Company is:

\$ 100.00
\$ 25.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ 5.00
Certificate of Status (optional)



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

### April 12, 2010

### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### NEWPOINT RESOURCES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 18, 2006.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **AMY SMITH** 

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **AMY SMITH** 



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

Villian Travino Galicin

on the date first above written.

Secretary of the Commonwealth

Processed By:sam