

N 18000013008

Florida Department of State
Division of Corporations
Control and Licensing

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NorthPoint Industrial Park Owners Association, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
2018 DEC 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: NorthPoint Industrial Park Owners Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>5170 Peachtree Road, Building 100, Suite 400</u>	<u>N/A</u>
<u>Atlanta, GA 30341</u>	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Owner's Association

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As provided for in the bylaws _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Casey J. Farmer, President</u>	Name and Title: <u>Angela M. Witz, Treasurer</u>
Address: <u>5170 Peachtree Road</u>	Address: <u>5170 Peachtree Road</u>
<u>Building 100, Suite 400</u>	<u>Building 100, Suite 400</u>
<u>Atlanta, GA 30341</u>	<u>Atlanta, GA 30341</u>
Name and Title: <u>Michael G. Kerman, Secretary</u>	Name and Title: <u>Buzz Kaas, Assistant Secretary</u>
Address: <u>5170 Peachtree Road</u>	Address: <u>5170 Peachtree Road</u>
<u>Building 100, Suite 400</u>	<u>Building 100, Suite 400</u>
<u>Atlanta, GA 30341</u>	<u>Atlanta, GA 30341</u>
Name and Title: <u>Lawrence P. Callahan, Director</u>	Name and Title: <u>Joshua W. Harrison, Director</u>
Address: <u>5170 Peachtree Road</u>	Address: <u>5170 Peachtree Road</u>
<u>Building 100, Suite 400</u>	<u>Building 100, Suite 400</u>
<u>Atlanta, GA 30341</u>	<u>Atlanta, GA 30341</u>

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TALLAHASSEE, FL

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Name and Title: Casey J. Farmer, Director Name and Title: _____
 Address: 5170 Peachtree Road Address: _____
Building 100, Suite 400 _____
Atlanta, GA 30341 _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael G. Kerman
 Address: 999 Peachtree Street NE, Suite 2300
Atlanta, GA 30309

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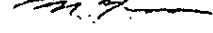
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

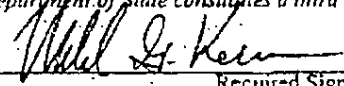
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By:  Michael E. Jones, Asst. Secy.
 Required Signature of Registered Agent

12/10/2018
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.


 Required Signature of Incorporator

12/12/18
 Date