

P15000029908

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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15 MAR 31 PM 2:11

RECEIVED
15 MAR 31 AM 10:15
TAXIATION DIVISION

FLORIDA PROFIT/NON PROFIT CORPORATION
Points of Origin, Inc.

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

APR 01 2015

T. SCOTT

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Points of Origin, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Armas Business Consulting
Name (Printed or typed)

253 Third Avenue
Address

Chula Vista, CA 91910
City, State & Zip

619-941-2651
Daytime Telephone number

albertarmas7@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Point of Origin, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1451 West Cypress Creek Road STE 300
Fort Lauderdale, FL 33309
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Consulting Services

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Saul Sasson Swed</u>	Name and Title:	<u>Brian Napierkowski</u>
Address:	<u>1451 West Cypress Creek Road STE 300</u> <u>Fort Lauderdale, FL 33309</u>	Address:	<u>1451 West Cypress Creek Road STE 300</u> <u>Fort Lauderdale, FL 33309</u>
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____

15 MAR 31 PM 2:11

(cont.)

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: National Registered Agents, INC.

Address: 1200 South Pine Island Rd.
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Saul Sasson Swed

Address: 1451 West Cypress Creek Road STE 300
Fort Lauderdale, FL 33309

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

Jennifer Vercout ^{Jennifer Vercout} Vice President & Assistant Secretary
Required Signature/Registered Agent 3/30/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

[Signature] Required Signature/Incorporator 3/30/15
Date