F05000006928

(Requestor's Name)
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•
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(Document Number)
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SECHALIZATE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: NorthPoint Financial, Inc. dba NorthPoint Mortgage								
(Name of corporation - must include suffix)								
Dear Sir or Madam:								
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to							
Please return all correspondence concerning this m	atter to the following:							
Tam Burch								
(Nam	ne of Person)							
NorthPoint Mortgage								
(Firm	/Company)							
1861 Wiehle Avenue, Suite 310								
(,	Address)							
Reston, VA 20190								
(City/S	ate and Zip code)							
For further information concerning this matter, plea	ase call:							
Tam Burch at (70	03) 480-3524							
(Name of Person) (A	rea Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314							
Enclosed is a check for the following amount:								
☐ \$70.00 Fiting Fee ☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee &							



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 21, 2005

TAM BURCH 1861 WIEHLE AVENUE, SUITE 310 RESTON, VA 20190

SUBJECT: NORTHPOINT FINANCIAL, INC.

Ref. Number: W05000051894

We have received your document for NORTHPOINT FINANCIAL, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Corporations may file listing only the corporate remove "DBA" name from the document.

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 (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 805A00068537

The Department of the control of the

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.

(Enter name of c	corporation; must include "INCORPORAT" forp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corrected as		adopted for the purpose of transacting busine	ogs in Els	دوادند	
Virginia	able in Piorida, enco alternate corporate na		47-0952623	:55 III F 10	riga)	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	_		
April 5, 200	05	5.	Perpetual			
(Date	of incorporation)	٠.	(Duration: Year corp. will cease to exist or	"perpetu	ıal")	
January 1	, 2006					
. 1861 Wieh		7.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
. 1001 11101	(Principal office					
	(Current mailing	add	ress)	_		
Mortgage	Broker					
(Purpose(s) of corporation authorized in home state o	rcc	ountry to be carried out in state of Florida)	AE(05	
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	A A	S	
Name:	NRAI Services, Inc.			ASSE	05 NOV 30	r
Office Address:	2731 Executive Park Dr,	S	<u>te 4</u>	ំណើ្	2	ר
	Weston		, Florida 33331	S I A FE	3: 01	
	(City)		(Zip code)	×Π	-	

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)

SABRINA TILLAPAIGH, AS

- 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 business addresses of officers and/or directors:

A. DIRECTORS			
Chairman:			
Address:			
	_		
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: Thomas W. Burch			
Address: 13305 Caswell Ct			
Clifton, VA 20124			
Vice President:	Ξ	0	
Address:	ALC:	S ×	
	HAX	NOV 3	<u> </u>
Secretary:	SEE	0 P	T
Address:	-F.	ച	0
Treasurer:	- 35 H	<u>:</u>	
Address:			
Trial Costs			
NOTE: If necessary ou may anach an addendum to the application listing additional officers and/o	r director	s.	
13.			
(Signature of Director or Officer listed in number 12 of the application)			
Thomas W. Burch, President			

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

Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

NorthPoint Financial, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is April 05, 2005.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 14, 2005

Joel H. Peck, Clerk of the Commission