

F06000002906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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0006-19423



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CLERK OF STATE  
TALLAHASSEE FLORIDA

J 4/27/06

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HARBOR POINTE FINANCIAL SERVICES, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS SCHUSTER  
(Name of Person)  
HARBOR POINTE FINANCIAL SERVICES, INC  
(Firm/Company)  
26079 SCHONHEER #100  
(Address)  
WARREN, MI 48089  
(City/State and Zip code)

For further information concerning this matter, please call:

THOMAS SCHUSTER at (586) 531-4111  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

April 26, 2006

THOMAS SCHUSTER  
26079 SCHOENHERR #100  
WARREN, MI 48089

SUBJECT: HARBOR POINTE FINANCIAL, INC.  
Ref. Number: W06000019423

We have received your document for HARBOR POINTE FINANCIAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the registered agents name in Article 9. Also list the secretary and treasurer names.

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.

Please return the original and one copy of 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) 245-6973.

Claretha Golden  
Document Specialist  
New Filing Section

Letter Number: 006A00028547

**AFFIDAVIT**

STATE OF Michigan

COUNTY OF Macomb

PERSONALLY came and appeared before me, the undersigned Notary, the within named Thomas Schuster, president and owner of Harbor Pointe Financial Services, Inc. who is a resident of Macomb County, State of Michigan, and makes this his/her statement and Articles of Dissolution Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

*I Thomas Schuster, president and owner of Harbor Pointe Financial Services, Inc. whos physical address is registered as 26079 Schoenherr, #100, Warren, Michigan 48089; agree to not file any Such "Revocation of Dissolution" for the "Articles of Dissolution" of the above stated Corporation for a duration no less than one year from today the twelfth day of April, Two thousand six.*

RE: Document number P06000037209; submitted to

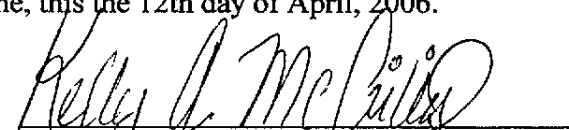
Florida Department of State  
Amendment Section  
Division of Corporation

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TALLAHASSEE FLORIDA

DATED this the 12th day of April, 2006.

  
Signature of Affiant

SWORN to and subscribed before me, this the 12th day of April, 2006.

  
NOTARY PUBLIC

My Commission Expires:  
3-30-2008

KELLY A. MCCALL  
NOTARY PUBLIC MACOMB CO., MI  
MY COMMISSION EXPIRES Mar 30, 2008

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.

1. HARBOR POINTE FINANCIAL SERVICES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HARBOR POINTE FINANCIAL, INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MICHIGAN 3. 20-0247031  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 10/13/2003 5. 12/31/2007  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 26079 SCHDENHERR #100, WARREN, MI 48089  
(Principal office address)  
26079 SCHDENHERR, #100, WARREN, MI 48089  
(Current mailing address)

8. MORTGAGE BROKER/LENDER  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: THOMAS SCHUSTER

Office Address: 16031 AMBERWOOD LAKE - P-1  
FORT MYERS, Florida 33908  
(City) (Zip code)

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.

Thomas Schuster  
(Registered agent's signature)

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.

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DEPARTMENT OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: THOMAS SCHUSTER  
Address: 26079 SCHOENHERR #100, WARREN, MI 48089

Vice Chairman: THOMAS SCHUSTER  
Address: 26079 SCHOENHERR #100, WARREN, MI 48089

Director: THOMAS SCHUSTER  
Address: 26079 SCHOENHERR #100  
WARREN, MI 48089

Director: THOMAS SCHUSTER  
Address: 26079 SCHOENHERR #100  
WARREN, MI, 48089

B. OFFICERS

President: THOMAS SCHUSTER  
Address: 26079 SCHOENHERR #100  
WARREN, MI 48089

Vice President: THOMAS SCHUSTER  
Address: 26079 SCHOENHERR #100  
WARREN, MI 48089

Secretary: THOMAS SCHUSTER  
Address: 26079 SCHOENHERR #100, WARREN, MI, 48089

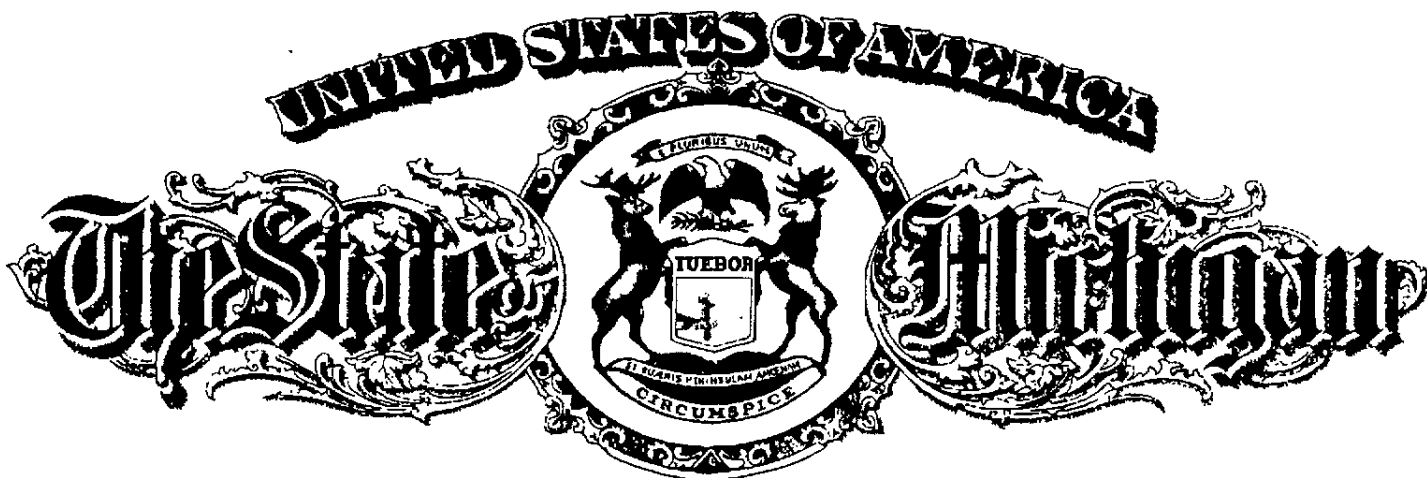
Treasurer: THOMAS SCHUSTER  
Address: 26079 SCHOENHERR #100, WARREN, MI, 48089

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas Schuster  
(Signature of Director or Officer listed in number 12 of the application)

14. THOMAS SCHUSTER, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA



Michigan Department of Labor & Economic Growth

Lansing, Michigan

*This is to Certify That*

**HARBOR POINTE FINANCIAL SERVICES, INC.**

*was validly incorporated on October 15, 2003, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

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*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of April, 2006.*

*Andrew S. Mitchell*, Director