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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations		t		
SUBJECT: The EAGLE PO	SINT GRE f corporation - must		<u> </u>	<u>—</u>
Dear Sir or Madam:		i ;		
The enclosed "Application by Foreign Corp "Certificate of Existence," and check are subtransact business in Florida.				
Please return all correspondence concerning	this matter to the fo	llowing:		
Daniel L. Larso	n))		
	(Name of Person)	, ,	TAS B	
The EAGLE POINT E	POIR TA	30	ECR ECR	77
	(Firm/Company)		7 <u>22</u> 5	
117 Mondayest	Lane		AAN AAN	r Ti
162 WOODCHEST	(Address)			
Mulberry, FL	33840	E E	42.5 45.5 4	*
Thiperry, +L	33860 (City/State and Zip o	ode)	্র্ ভূনি 🖫	
For further information concerning this mate	ter, please call:	9-6589		
(Name of Person)	\	Daytime Telephone	Number)	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADD New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL	on orations	
Enclosed is a check for the following amount	nt:	} :		
\$70.00 Filing Fee \$78.75 Filing F Certificate of		Filing Fee & ed Copy	\$87.50 Filing Fee Certificate of Sta Certified Copy	

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.	THE EAGLEPOINT GROUP, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
	"Inc.," "Co.," "Corp," "Inc," "Cd." or "Corp.") capital P, no space between E and P	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
	th name unavariable in Profita, effect afternate corporate name adopted for the purpose of transacting business in Profita)	
2,	Minnesota 3. 41-1905714	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	April 8, 1998 (Date of incorporation) 5. Perpetue (Duration: Year corp. will cease to exist or "perpetual")	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6	March 1, 2007	
٠.	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	706 Second Avenue So, Suite 450, Minneapolis, MN	5 540.
	(Principal office address)	
	Same	
	(Current mailing address)	
8.	To provide business appraisal services 30 8	
	(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)	
	ST	
	Name: Daniel L. Larson	
0	ffice Address: 162 Woodcrest Lane	,
	and the second s	
	Mulberry, Florida 33860 517 w (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.

(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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Daniel Lavson
Address: 162 Woodcrest Lane
Mulberry, FL 33860
Vice Chairman:
Address:
Director:
Address:
Disastory
Address:
Address:
B. OFFICERS
President: Daniel Louson
Address: 162 Woodcrost Lane.
Mulberry, FL 33860
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE. If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. DANIEL L. LARSON, PRESIDENT (Typed or printed name and capacity of person signing application)

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: The EaglePoint Group, Inc.

Date Formed: 04/08/1998

Chapter Governed By: 302A

This certificate has been issued on 02/08/07.

SECRETARY OF STATE

Mark Ritchie Secretary of State.

