

F110000001538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800197655618

03/14/11--01043--005 **70.00

FILED
11 APR -8 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRB
4/11

1111-15267

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TouchPoint Alliance
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Colleen Q. Albrecht
Name of Person

TouchPoint Alliance
Firm/Company

PO Box 350682

Address

Palm Coast, FL, 32137
City/State and Zip Code

admin@touchpointalliance.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Q. Albrecht at (386) 597-7675
Name of Person Area Code & Daytime Telephone Number

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

RECEIVED
11 APR -8 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 16, 2011

COLLEEN Q. ALBRECHT
TOUCHPOINT ALLIANCE
PO BOX 350682
PALM COAST, FL 32137

SUBJECT: TOUCHPOINT ALLIANCE CORPORATION
Ref. Number: W11000015267

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

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 811A00006465

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. TouchPoint Alliance, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Virginia 3. 27-0349858
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 22, 2009 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 10151 Deerwood Park Center, Building 200, Suite 250, Jacksonville, FL 32256
(Principal office address)

PO Box 350682, Palm Coast, FL 32135
(Current mailing address)

8. Consulting
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

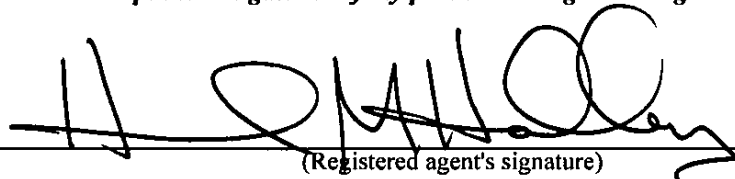
Name: Howard M. Holley

Office Address: 22 Hammock Beach Parkway

Palm Coast, Florida 32137
(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.

FILED
11 APR - 8 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: Howard M. Holley

Address: 22 Hammock Beach Parkway

Palm Coast, FL 32137

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kemal Carr

Address: PO Box 369

Colleyville, TX. 76034

Vice President: _____

Address: _____

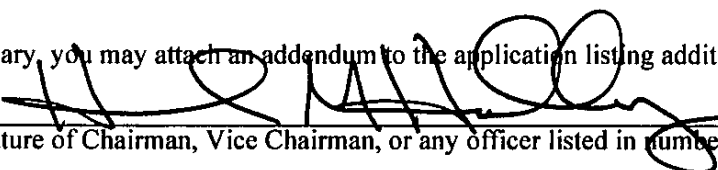
Secretary: Tom Casey

Address: 1155 Long Island Ave, Edgewood, NY. 11717

Treasurer: Tom Casey

Address: 1155 Long Island Ave, Edgewood, NY. 11717

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Howard M. Holley
(Typed or printed name and capacity of person signing application)

FILED

11 APR -8 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ADDENDUM - DIRECTORS FOR TOUCHPOINT ALLIANCE

Laura Terry
134 North Main Street, Suite 101
Rockfort, IL. 61101

Jerry Baker
9555 Maroon Circle
Englewood, CO. 80112

Anoush Gordon
Riverview, Oxford Road
Uxbridge, Middlesex UB8 1 HS
England

Rebecca Heidepriem
106 West Seeboth Street, Suite 718
Milwaukee, WI. 53204

Karl Humphrey
17 Executive Park Drive Suite 230
Atlanta GA. 30329

Chris Illman
1225 Walnut Ridge Drive
Hartland, WI. 53029

Pamela Roach
110 East Shearwater Court, Suite 11
Jersey City, NJ. 07305

FILED
11 APR -8 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

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

The date of incorporation is June 22, 2009.

Nothing more is hereby certified.

FILED
11 APR - 8 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA



*Signed and Sealed at Richmond on this Date:
March 28, 2011*

Joel H. Peck

Joel H. Peck, Clerk of the Commission