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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1/24/12

COVER LETTER

| | New Filing Section Division of Corporations | | | | | |
|------------------|---|--|--|--|--|--|
| SUBJE | CT: CenterPointe Solutions, Inc. | | | | | |
| SOBUL | Name of corporation - must include suffix | | | | | |
| Dear Sir | or Madam: | | | | | |
| "Certification | osed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ate of Existence," or "Certificate of Good Standing" and check are submitted to register the ferenced foreign corporation to transact business in Florida. | | | | | |
| Please re | eturn all correspondence concerning this matter to the following: | | | | | |
| | Antoinette Peterson | | | | | |
| | Name of Person | | | | | |
| | CenterPointe Solutions, Inc. | | | | | |
| | Firm/Company | | | | | |
| | 856 Gold Hill Road, Suite 112 | | | | | |
| | Address | | | | | |
| · : . | Fort Mill, SC 29708 | | | | | |
| | City/State and Zip code | | | | | |
| | toni@mycpsinc.com | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For furth | er information concerning this matter, please call: | | | | | |
| Antoin | nette Peterson at (803) 547-6246 | | | | | |
|] | Name of Person Area Code & Daytime Telephone Number | | | | | |
| N C 2 T | STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32301 It is a check for the following amount: | | | | | |
| \$70 . | .00 Filing Fee \$\bigcup_{\text{Certified Copy}}\frac{\$78.75 \text{ Filing Fee & Certified Copy}}{\text{Certified Copy}}\frac{\$87.50 \text{ Filing Fee, Certified Copy}}{\text{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. | CenterPointe Solutions, Inc. | | _ | | |
|----|--|------------|-----|--|--------------|
| | (Enter name of corporation; must include "INCORI" Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | PORATE | D, | ," "COMPANY," "CORPORATION," | |
| | | | | | . |
| | (If name unavailable in Florida, enter alternate corp | orate nar | ne | e adopted for the purpose of transacting business in Florida | .) |
| 2. | Georgia | | 3. | 27-3119646 | _ |
| | (State or country under the law of which it is incorporated) | orated) | | (FEI number, if applicable) | |
| 4 | August 19, 2010 | | 5 | perpetual | |
| 7. | (Date of incorporation) | | ٥. | (Duration: Year corp. will cease to exist or "perpetual") | _) |
| , | upon acceptable registration | | | | |
| 0. | | d busines | s i | in Florida, if prior to registration) | _ |
| | | | | 502, F.S., to determine penalty liability) | |
| 7 | 856 Gold Hill Road Suite 112 | Fori | + | Mill SC 29708 | |
| /. | (Principa | | | | |
| | • | | | • | |
| | 856 Gold Hill Road Suite 112 (Current) | | | Mill SC 29708 | - |
| | (Current) | maning a | · | iless) | • |
| 8. | payroll and business services | | | | _ |
| | (Purpose(s) of corporation authorized in hom | e state or | cc | | |
| 9. | Name and street address of Florida registered a | igent: (F | P.C | O. Box NOT acceptable) ALLAN 23 | |
| | Name: Jim Urseth | | | | |
| O | office Address: 445 Wild Oak Circle | | | — FES | D |
| | Longwood | | | , Florida 32779 | |
| | (City) | | | (Zip code) | |
| 10 | Registered agent's accentance: | | | ; • | |

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 FILED **Chairman: Aaron Peterson** 12 JAN 23 PM 3: 35 Address: 414 Nicklaus Lane SEUNE IARY OF STATE Fort Mill, SC 29715 Vice Chairman: **Director: Michael Peterson** Address: 1854 Apple Tree Lane Fort Mill, SC 29715 Director: ____ Address: B. OFFICERS President: Aaron Peterson Address: 414 Nicklaus Lane Fort Mill, SC 29715 Vice President: Address: Secretary: Antoinette Peterson Address: 1854 Apple Tree Lane Fort Mill, SC 29715 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Aaron Peterson - President

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

Control No. 10058779

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

CENTERPOINTE SOLUTIONS INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 08/19/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 15th day of January, 2012

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 7933395-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp