

F13000002092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05/14/13--01004--003 \*\*650.00

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04/03/13--01023--004 \*\*87.50

FILED  
13 MAY 13 PM 2:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

J Shivers MAY 15 2013  
6540 (650)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2013

ANGELA ZIMMERMAN  
4400 RIVER GREEN PKWY SUITE 100  
DULUTH, GA 30096

SUBJECT: COMPLIANCEPOINTDM, INC.  
Ref. Number: W13000019690

We have received your document for COMPLIANCEPOINTDM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return the corrected 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) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00007939

## COVER LETTER

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

**SUBJECT:** CompliancePoint DM, 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," or "Certificate of Good Standing" 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:

Angela Zimmerman

Name of Person

CompliancePoint DM, Inc.

Firm/Company

4400 River Green Pkway Suite 100

Address

Duluth, GA 30096

City/State and Zip code

accounting@possiblenow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angie Zimmerman

Name of Person

at ( 770 ) 255-1233

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

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

**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. CompliancePoint DM, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Georgia**

(State or country under the law of which it is incorporated)

**3. 90-0706086**

(FEI number, if applicable)

**4. 04/28/2011**

(Date of incorporation)

**5. perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. 08/13/2012**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 2912 West San Rafael St. Tampa, FL 33629**

(Principal office address)

**4400 River Green Pkwy, Suite 100 Duluth, GA 30096**

(Current mailing address)

**8. Employee living in Florida**

(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:

**Misty H Sommers**

Office Address:

**2912 West San Rafael St**

**Tampa**

(City)

, Florida

**33629**

(Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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**

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: CEO- William Scott Frey

Address: 4400 River Green Pkwy, Suite 100 Duluth, GA 30096

Vice President: COO - Richard A. Stauffer

Address: 4400 River Green Pkwy, Suite 100 Duluth, GA 30096

Secretary: CTO - Ralph C. Hoover

Address: 4400 River Green Pkwy, Suite 100 Duluth, GA 30096

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Richard A. Stauffer  
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. Chief Operating Officer  
(Typed or printed name and capacity of person signing application)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 11033581  
DATE INC/AUTH/FILED : 4/28/2011 12:00:00 AM  
JURISDICTION : Georgia  
PRINT DATE : 3/26/2013 5:20:49 PM

CompliancePoint DM, Inc.  
4400 River Green Pkwy  
Duluth, GA 30096

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

COMPLIANCEPOINT DM, INC.  
A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Tracking #: QmRSm4om