

F14000000906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

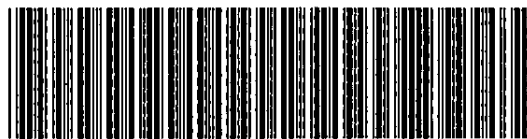
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800256980798

02/25/14--01011--022 \*\*87.50

14 FEB 25 AM 8:49

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SL 2-2874

2/21/14.

To whom it may Concern:

I am registering my Montana Corp. CHECKPOINT, INC  
as a Foreign Entity here in Florida, However when

I searched the record for availability for CHECKPOINT, INC  
the name is already taken in the State of Florida.

Please register us as DBA: CHECK POINT DESIGNS, INC  
that name is available according to your online records.

I have attached my Montana certificate of

Good Standing & Principal officers for your review.

Prompt response to this matter is deeply appreciated.

Sincerely

  
M. Adams.

## COVER LETTER

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

**SUBJECT:** CHECK POINT, INC DBA: CHECK POINT DESIGNS  
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:

Michael Adams  
Name of Person  
CHECK POINT DESIGNS, INC  
Firm/Company  
9079 E. Highland Pines DR.  
Address  
Palm Beach Gardens FL 33418  
City/State and Zip code  
mikesmailbox4u@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Adams at ( 561 ) 373-1027  
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

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

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

2. Montana 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-1-2007 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 9079 E. Highland Pines DR. Palm Beach Gardens, FL 33418  
(Principal office address)

9079 E. Highland Pines DR. Palm Beach Gardens FL 33418  
(Current mailing address)

8. Any and all lawful business  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

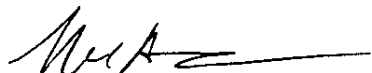
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Adams

Office Address: 9079 Highland Pines DR.  
Palm Beach Gardens, Florida 33418  
(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.

14 FEB 25 AM 8:49  
RECEIVED  
SECRETARY OF STATE  
CORPORATE DIVISION

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: Michael Adams

Address: 9079 E. Highland Pines Dr.  
Palm Beach Gardens, FL 33418

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

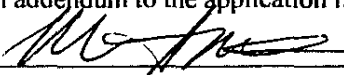
Address: \_\_\_\_\_

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

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

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

13. \_\_\_\_\_

  
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. Michael Adams

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

besa14048200636543800-e-d175290

# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

#### CHECKPOINT, INC.

duly filed its Articles of Incorporation in this office on 1 October 2007, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 18 February 2014 .

LINDA MCCULLOCH  
Secretary of State

Certified File Number: D175290

**MONTANA CORPORATION ANNUAL REPORT**

**MAIL:** LINDA McCULLOCH  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

**PHONE:** (406) 444-5522

**FAX:** (406) 444-3976

**WEB SITE:** *sos.mt.gov*



For the year 20\_\_\_\_

**CHECKPOINT, INC.**  
**PRIMO, INC.**  
**1215 11TH AVENUE**  
**HELENA MT 596010000**

Prepare, sign, submit with an original signature and filing fee.  
This is the minimum information required.

(This space for use by the Secretary of State only)

**Required Filing Fee: \$15.00** (on or before April 15th)  
**\$30.00** (after April 15th)  
No Postmarks Accepted

- ☐ 24 Hour Priority Filing Add \$20.00  
☐ 1 Hour Expedite Filing Add \$100.00

Corporation ID Number: **D175290**  
Exact Name of Corporation:

**CHECKPOINT, INC.****Registered Agent Information.**

The name of and address of the Registered Agent/Office in Montana:

Name of Registered Agent: PRIMO, INC. Phone (Optional): \_\_\_\_\_  
E-Mail Address (Optional): \_\_\_\_\_

Street Address:  
(or Physical Location)

Mailing Address/PO Box\*: 1215 11TH AVENUE HELENA MT 596010000

\*Complete if mailing address is different from street address or physical location and both addresses must be in Montana.

Signature of New Registered Agent: \_\_\_\_\_

1. State of Incorporation: MT

2. Address of Principal Office:

1215 11TH AVENUE HELENA MT 596010000

3. Brief Description of business in which corporation is actually engaged:

GENERAL BUSINESS - ANY LAWFUL BUSINESS

4. Names and business addresses of Principal Officers: (Attach list if more than six officers)

PRESIDENT MICHAEL ADAMS 9019 E HIGHLAND PINES DR PALM BEACH GARDENS FL 334180000

5. **Names and business addresses of Directors:** Nonprofit corporations are required to have a minimum of three (3) directors. (Attach list, if necessary).

DIRECTOR MICHAEL ADAMS 9019 E HIGHLAND PINES DR PALM BEACH GARDENS FL 334180000

6. **Shares** (profit corporations only). List the current total number of shares authorized and total number of shares issued. Itemize both by class and series, if any. (Attach schedule, if necessary)

<u>Shares Authorized</u>	<u>Shares Issued</u>	<u>Class</u>	<u>Series</u>	<u>Par Value</u>
10,000	0	Common		0

**Domestic Profit Corporations Only.** If issued shares exceed authorized shares or a change is made in class, par value or the number of authorized shares; an amendment must be filed according to MCA Title 35.

7. **Professional Service Corporations only.** I certify that all the shareholders, not less than one-half the directors And all the officers other than the secretary and treasurer of the corporation are qualified persons with respect to the corporation.

8. **By my signature below, I, an official of the above corporation, do state that I signed this report on behalf of the corporation and that the statements herein contained are true, under penalty of false swearing.**

X: \_\_\_\_\_  
 Signature of authorized agent Title Printed name of authorized agent Date

Daytime Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**

Please send fee and completed report to:

Linda McCulloch (406) 444-5522

Secretary Of State

P.O. Box 202801

Helena MT 59620-2801

Make checks payable to **Secretary Of State, Helena MT 59620-2801**

**MUST BE RETURNED IN ORDER FOR YOUR CORPORATION TO REMAIN ACTIVE AND IN GOOD STANDING AND PREVENT INVOLUNTARY DISSOLUTION/REVOCATION PER 35-1-1104, MCA AS A PROFIT CORPORATION; 35-2-904, MCA, AS A NONPROFIT CORPORATION; AND 35-4-209, AS A PROFESSIONAL SERVICE CORPORATION.**