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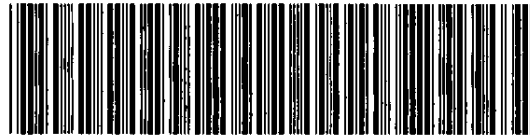
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 25 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARBOUR POINT FINANCIAL GROUP, 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:

MARIANNE HOLMES
Name of Person
HARBOUR POINT FINANCIAL GROUP, INC.
Firm/Company
9815 NICKEL RIDGE CIRCLE
Address
NAPLES, FL 34120
City/State and Zip code
MHOLMES114@COMCAST.NET
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MARIANNE HOLMES at (401) 241-1115
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. HARBOUR POINT FINANCIAL GROUP, 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. RI 3. 05-0482267
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/30/1995 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 651 PUTNAM PIKE, SUITE 2, GREENVILLE, RI 02828
(Principal office address)

(Current mailing address, if different)

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

Name: KENNETH E. KNOX

Office Address: 9815 NICKEL RIDGE CIRCLE

NAPLES, Florida 34120
(City) (Zip code)

9. 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.

Kenneth E. Knox
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: MARIANNE HOLMES

Address: 9815 NICKEL RIDGE CIRCLE

NAPLES, FL 34120

Director: _____

Address: _____

B. OFFICERS

President: MARIANNE HOLMES

Address: 9815 NICKEL RIDGE CIRCLE

NAPLES, FL 34120

Vice President: _____

Address: _____

Secretary: MARIANNE HOLMES

Address: 9815 NICKEL RIDGE CIRCLE, NAPLES, FL 34120

Treasurer: _____

Address: _____

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

12. Marianne Holmes

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. MARIANNE HOLMES, PRESIDENT

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

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Certification Number: 16040033360

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that

HARBOUR POINT FINANCIAL GROUP, INC.

a Rhode Island corporation, filed original articles of incorporation in this office on

January 30, 1995

Effective

January 30, 1995

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing
under and by virtue of the State of Rhode Island.

SIGNED AND SEALED ON

Wednesday, April 13, 2016

Secretary of State

Authorized Agent

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