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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (800) 345-4647

Fax Number : (800)432-3622 annual report mailings. Enter only one email address please.\*

Email Address: njackson@polsinelli.com

## FOREIGN PROFIT/NONPROFIT CORPORATION SANDPOINTE MANAGEMENT, LTD. COMPANY

Certificate of Status	0
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Page Count	04
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## **COVER LETTER**

	gistration Se vision of Co					
SUBJEC	SandPoi	nte Management, L	td. Company			
SOBOLO	•• <u> </u>	Name	of corporati	ion - must	include suffix	
Dear Sir o	Madam:					
"Certificat	e of Existen	tion by Foreign C ce," or "Certifica gn corporation to	te of Good S	tanding" (	and check are sub	ct Business in Florida," mitted to register the
Picase retu	rn all corres	pondence concer	ning this mat	iter to the	following:	
Nora Jacks	<b>)</b> 10					
			Name	of Person		
Polsinelli P	C					
			Firm/C	ompany		· · · · · · · · · · · · · · · · · · ·
900 W 48th	Place, Suite	900				
Kansas City	, MO 64112		Ad	dress		
		<u> </u>	City/State	e and Zip	code	
njackson@	polainelli.com	1				
		E-mail addre	88: (to be use	ed for futu	re annual report i	notification)
For further	Information	concerning this	matter, pleas	e call:		
Teresa Sh	narolev		518		453-0171	
		<del></del>	at (			
N:	ame of Perse	On .	Area C	ode	Daytime Telep	hone Number
ST	REET/CO	URIER ADDRE	88:		MAILING A	DDRESS:
Registration Section				Registration Section		
Division of Corporations				Division of Corporations		
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, FL. 32314			
	ilahassee, Fi				I dilanassee, i	1, 52514
Enclosed is	s a check for	the following an	nount:			
\$70.00	Filing Fee	Cortificate	•		75 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

## 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

Fine.,* "Co.,* "C	Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
SandPointe Ma	nagement of Florids, Ltd. Company		
(If name unavail	able in Florida, enter alternate corporate nam	ns adopted for the purpose of transacting business in	Florida)
Delaware		3, 81-477(518	
(State or country December 22, 2	a miner and may at witter to re the either smed.	(FER RUILLOCI, II applicable)	
(Date	of incorporation)	5. (Date of duration, if other than perpetua	nl)
	Sto 1800, West Palm Beach, PL 33401		
	Sto 1800, West Palm Beach, FL 33401 (Ptir	ncipal office address)	
777 S Fingler Dr.	Sto 1800, West Palm Beach, FL 33401 (Ptir	ncipal office address)	16 DEC 27
777 S Flagler Dr.  Name and street	Sto 1800, West Palm Beach, FL 33401  (Prin  (Current ma	ncipal office address)	., -1
. Name and <u>stree</u>	Sto 1800, West Palm Beach, FL 33401  (Prin  (Current ma  et address of Florida registered agent: ( Dennis R. Hammond	ncipal office address)	.; -1

(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 baving custody of corporate records in the jurisdiction

	les and dusiness addresses of officers and/or directors;	
	·	-
Address:		-
Vice Chai	rman:	<del>-</del>
Address:		_
-	Dennis R. Hammond	
Director:	777 S. Plagler Dr., Ste 1800	<u>-</u> -
Address:	West Palm Beach, FL 3340!	<del>-</del>
Director:		_
Addross:		<b></b> ,
	= = = = = = = = = = = = = = = = = = = =	_
B. OFF	T. O	1
President:	Dennus R. Hammond	- }
Address:	777 S. Flagler Dr., Ste 1800	_ [
	West Palm Beach, FL 33401	_ (
Vice Pres	ident:	<u>-</u>
Address:	, "	
	Shelia C. Hanmond	-
Secretary:	777 S. Fingler Dr., Ste 1800, West Palm Beach, FL 33401	_
Treasurer		_
Addross:		_
NOTE:	If accessary, you may attachen addedoun to the application listing additional officers and/or directors.	
12	The state of the s	
are true a	Signature of Director or Officer of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree follows as provided for in s.817.155, F.S.	<b>;</b>
	nis R. Hammond, President	
	(Typed or printed name and capacity of person signing application)	

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SANDPOINTE MANAGEMENT, LTD." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANDPOINTE MANAGEMENT, LTD." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6258625 8300 SR# 20167275965

You may verify this certificate online at corp.delaware.gov/suthver.shtml

Authentication: 203588503

Date: 12-27-16