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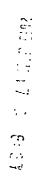
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## COVER LETTER

TO: Registration Section Division of Corporations		
Pivot Point Holdings, Inc SUBJECT:		
	ration - must include suffix	
Dear Sir or Madam:		
	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.	
Please return all correspondence concerning this i	matter to the following:	
Linda Long		
	ne of Person	
Pivot Point Holdings, Inc		
Firm 1945 The Exchange, Suite 400	n/Company	
	Address	
Atlanta, GA, 30339		
•	tate and Zip code	
llong@fulcrumconstruction.com		
rmaii address: (to be	used for future annual report notification)	
For further information concerning this matter, pl	ease call:	
Linda Long	678-872-7323	
Name of Person Area	a 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		

# 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.

Pivot Point Hol			
(Enter name of c	corporation; must include "INCORPORATED," 'Corp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
PPH, Inc			
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)
Georgia	2		
2. (State or count)	y under the law of which it is incorporated)	(FEI number, if applicat	ole)
09/20/2016			
4	5 5	(Date of duration, if other than p	parautual)
(Date 12/31/2017	e of incorporation)	(Date of duration, it office than )	oerpettar)
6.			
	(Date first transacted business in f (SEE SECTIONS 607.1501 & 607.150		
1045 The Evel	ange, Suite 400, Atlanta, GA, 30339	2, r.3., to determine penalty habitity)	
7			
	(Principal	office address)	
	(Current mailing	address, if different)	
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	20
	C T Corporation System		<u> </u>
Name:		<del></del>	= :
Office Address:	1200 South Pine Island Road		•
3111027,001033.	Plantation	33324	••
	·	, Florida	Ċ₽.
	(City)	(Zip code)	f. 5
0. D			~==

#### 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.

Jennifer Quinn, Asst Secretary

(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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	14-16-E
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Willy Rosner	
President:	
Address: Atlanta, GA, 30339	Cz.
Aaron Eveland	27 -
Vice President:	
Address:Atlanta, GA, 30339	. m
Linda Long	-4.0°
Secretary:	
Address: Tom Stock	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affir are true and that he or she is aware that false information submitted in a document to the lathird degree felony as provided for in s.817.155. F.S.  Linda Long, Secretary	rms that the facts stated herein

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

Control Number: 16092822

## STATE OF GEORGIA

### Secretary of State

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

#### 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

Pivot Point Holdings, Inc a Domestic Profit Corporation

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

Docket Number : 14992601 Date Inc/Auth/Filed : 09/20/2016 Jurisdiction : Georgia Print Date : 12/21/2017

Form Number 211



B: 1.L

Brian P. Kenny