-	(Requestor's Name)					
	(Address)					
	(Address)					
<u> </u>	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2019

WILLIAM BRYANT 1748 INDEPENDENCE BLVD., BLDG A SARASOTA, FL 34234

SUBJECT: NORTH POINT INVESTMENTS, INC

Ref. Number: W19000040550

We have received your document for NORTH POINT INVESTMENTS, 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):

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00008340

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	FCT·	North Poi	nt Investments, Inc					
3 0 b 0	LC		Name	of corporatio	n - r	nust include suffix		
Dear S	ir or Ma	ıdam:						
"Certif	icate of	Existence		of Good Sta	ndir	ig" and check are sub-	et Business in Florida," mitted to register the	
	return a n A. Bry	_	ondence concern	ing this matte	er to	the following:		
				Name of	Per	son		
North I	Point Inv	estments.	Inc.					
				Firm/Co	npa	ny		
1748 Ir	idepende	ence Blvd.	Bldg A					
		·-·		Add	css			
Sarasot	ta, FL 34	234						
sandy h	orvant@i	obertsonli	ghting.com	City/State	and	Zip code		
	.,		T . T .	s: (to be used	for	future annual report n	otification)	
For fur	ther info	ormation	concerning this n	natter, please	call	<i>,</i> :		
		708	,	388-2315 EXT 161				
	Name	of Persoi	1	Area Co	de	Daytime Teleph	none Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclose	ed is a c	heck for	the following am	ount:				
□ \$ 70).00 Fili	ng Fee	S78.75 Filin Certificate			78.75 Filing Fee & Certified Copy	S87.50 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.

North Point Inves	tments, Inc.		<u></u>	
(Enter name of con"Inc.," "Co.," "Con	poration; must include "INCORPORATED," "(rp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATION."		
	ole in Florida, enter alternate corporate name ado	nnted for the purpose of transacting busi	ness in Florida)	
(If name unavailate Illinois, USA	20)-1287066		
	3	(FEI number, if applicable)		
`	under the law of which it is incorporated)	(1.00)		
04/28/2004	of incorporation) 5	(Date of duration, if other than perpetual)		
	of incorporation)	(Date of duration, it offer man)	,	
04/15/2019				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	forida, if prior to registration) 2. F.S., to determine penalty liability)		
1748 Independenc	te Blvd, Bldg A, Sarasota, FL 34234			
·	(Principal	office address)		
	(Current mailing	address, if different)		
. Name and <u>stree</u> Name:	t address of Florida registered agent: (P.O. William A Bryant	Box NOT acceptable)	2010 KA	
Office Address:	1748 Independence Blvd, Bldg A		-J :	
Silice riddress.	Sarasota, FL	34234 , Florida	# · · · · · · · · · · · · · · · · · · ·	
	(City)	(Zip code)	24	

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.

(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 Beth Marcus Chairman: 64 Lenwood Blvd, Apt C Address: Charleston, SC 29401-2307 Vice Chairman: ___ Address: Director: Dale G Marcus Address: 64 Lenwood Blvd, Apt C Charleston, SC 29401-2357 Director: William A Bryant Address: 7055 Hawks Harbor Circle Bradenton, FL 34207-5861 B. OFFICERS Dale G Marcus President: 64 Lenwood Blvd, Apt C Address: Charleston, SC 29401-2357 Vice President: William A Bryant Secretary: 7055 Hawks Harbor Circle, Bradenton, FL 34207-5861 Address: ____ Treasurer: _ Address: sary, you pay areach an addendum to the application listing additional officers and/or directors. 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

13. <u>William A. Bryant - Director</u>

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

a third degree felony as provided for in s.817.155, F.S.

File Number

6352-010-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NORTH POINT INVESTMENTS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 28, 2004, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this 30TH

day of APRIL A.D. 2019

Authentication #: 1912000420 verifiable until 04/30/2020
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE