

FA9000002450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

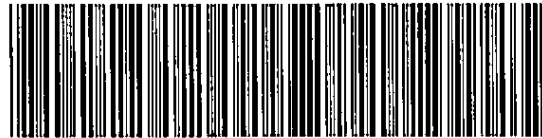
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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02/25/19--01008--004 \*\*87.50

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05/22/19--01022--004 \*\*950.00

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FEB 25 A 5:51  
FEB 25 2019

D SCOTT

MAY 28 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2019

KAREN L FRANKLIN  
PO BOX 306  
COUPEVILLE, WA 98239

SUBJECT: POINTPLM, INC.  
Ref. Number: W19000023196

We have received your document for POINTPLM, 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):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$950.00.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 419A00006532

RECEIVED

MAY 20 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PointPLM 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:

Karen L. Franklin

Name of Person

Franklin Tax I.L.C

Firm/Company

PO Box 306

Address

Coupeville, WA 98239

City/State and Zip code

karen@karenfranklintax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen L. Franklin

425

818-0184

at ( )

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. PointLM Incorporated  
(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. WA 3. 81-1029784  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/05/2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 06/20/2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3984 Violet St Freeland, WA 98249  
(Principal office address)

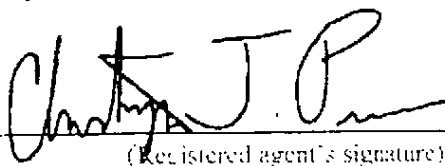
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Christopher J. Pearson  
Office Address: 689 Linville Falls Dr  
West Melbourne 32904  
(City) (Zip code)  
Florida

**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.

FILED  
2013 FEB 25 A 5:51  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Richard A. Hinojos  
Address: 3984 Violet St  
Freeland, WA 98249

Vice Chairman: Christopher J. Pearson  
Address: 689 Linville Falls Dr  
West Melbourne, FL 32904

Director: Greg J. Moore  
Address: 505 S Miramar  
#2205 Indialantic, FL 32903

Director: Matthew Nevins  
Address: 1204 Golden Oak Way  
San Jose, CA 95120

**B. OFFICERS**

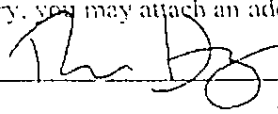
President: Richard A Hinojos  
Address: 3984 Violet St  
Freeland, WA 98249

Vice President: Matthew Nevins  
Address: 1204 Golden Oak Way  
San Jose, CA 95120

Secretary: Christopher J. Pearson  
Address: 689 Linville Falls Dr West Melbourne, FL 32904

Treasurer: Greg J. Moore  
Address: 505 S Miramar #2205, Indialantic, FL 32903

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

12.  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. Richard A. Hinojos, President  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

# The State of Washington

## Secretary of State



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

POINTPLM, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/05/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/13/2019  
UBI Number: 603 573 314



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

*Kim Wyman*

Kim Wyman, Secretary of State

Date Issued: 02/13/2019