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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2020

ANDREA MACALLISTER 5005 TEXAS STREET, SUITE 104 SAN DIEGO, CA 92108 US

SUBJECT: CARDINAL POINT CAPTAINS, INC.

Ref. Number: W20000019534

We have received your document for CARDINAL POINT CAPTAINS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tacarri K Glass Regulatory Specialist II

Letter Number: 320A00004053

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	FCT: Cardinal Point Captains, Inc.	
50150	Name of corporat	on - must include suffix
Dear S	ir or Madam:	
"Certif		for Authorization to Transact Business in Florida," tanding" and check are submitted to register the iness in Florida.
Please	return all correspondence concerning this mat	ter to the following:
Andrea	a MacAllister	
	Name	of Person ~~
Cardin	al Point Captains, Inc.	ompany : :
	Firm/C	ompany
5005 T	exas Street, Suite 104	0
	Ac	dress
San Di	iego, CA 92108	~
	City/Stat	e and Zip code
accour	nting@cpcperforms.com	
	E-mail address: (to be use	ed for future annual report notification)
For fur	ther information concerning this matter, please	se call:
Andrea	a MacAllister 760	438-7361
	Name of Person Area C	Ode Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please	ted is a check for the following amount: make check payable to: FLORIDA DEPARTME 0.00 Filing Fee	NT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee. Certified Copy 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.	Cardinal Point Captains, Inc.			
		orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting busines	ss in Florida)
2.	Delaware	3.	46-4380003	
2.	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4.	March 4, 2008	5.		
٦,	(Date	of incorporation) 5.	(Date of duration, if other than perp	etual)
6.	8/2/2019			
-		(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7.	5005 Texas Stre	et, Suite 104 San Diego, CA 92108		
•		(Principal of	fice <u>street</u> address)	
				20
		(Current maili	ng address, if different)	—————————————————————————————————————
				ي د
8.	Name and street	address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	0
	Name:	InCorp Services, Inc.		
0	ffice Address:	17888 67th Court North		$\ddot{\wp}$
		Loxahatchee (City)	, Florida <u>33470</u> (Zip code)	27
		(4)		

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.

Yara Alfaro-Sullivan on behalf of InCorp Services, Inc.

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.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS						
■ Chairman	Name:	□ Chairman	Bill Green Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	San Diego, CA 92108	□Director	Fort Myers Beach, FL 33931			
■President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	Treusurer			
□Other		■Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other		Other	Other			
			Other Page 1			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President	27			
		□Vice President				
Secretary	□Treasurer	□ Secretary	□Treasurer			
Other	Other	□Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 of						

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 of 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. <u>Jordan Cousino</u>, President

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CARDINAL POINT CAPTAINS, INC." 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 FOURTH DAY OF MARCH, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDINAL POINT CAPTAINS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2013.

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

21.7 10 1.7 5:27



Authentication: 202515634

Date: 03-04-20