

F20000002737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

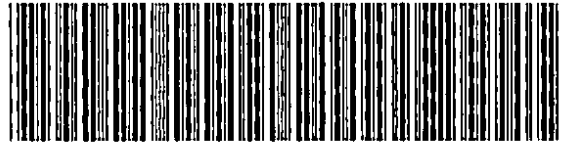
(Document Number)

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

Special Instructions to Filing Officer:

W2000057551

Office Use Only



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05/18/20--01014--003 \*\*78.75

2020 05 19 PM 2:37

T GLASS

JUN 19 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2020

*alternate  
corporate name  
inserted*

PENNY MANIS  
1209 POINTE CENTRE DRIVE, SUITE 101  
CHATTANOOGA, TN 37421 US

SUBJECT: POINTE PROPERTY GROUP, INC  
Ref. Number: W20000052551

We have received your document for POINTE PROPERTY GROUP, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is M08000004402.

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: 920A00010685

2020 JUN 19 1:23:37

2020 JUN 19 PM 1:46

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POINTE PROPERTY GROUP, 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:

PENNY MANIS

Name of Person

POINTE PROPERTY GROUP, INC.

Firm/Company

1209 POINTE CENTRE DRIVE, SUITE 101

Address

CHATTANOOGA, TN 37421

City/State and Zip code

PMANIS@POINTECENTRE.COM

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

For further information concerning this matter, please call:

PENNY MANIS

at ( 423 ) 255-3101

Name of Person

Area Code

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. POINTE PROPERTY GROUP, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- Pointe Florida, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. TENNESSEE 3. 62-1475439  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/31/1991 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2400 S.E. FEDERAL HIGHWAY, SUITE 100, STUART, FLORIDA 34994  
(Principal office street address)
- 1209 POINTE CENTRE DRIVE, STE 101, CHATTANOOGA, TN 37421  
(Current mailing address, if different)

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


Name: REX ALLEN

Office Address: 2400 SE FEDERAL HWY

STUART, Florida 34994  
(City) (Zip code)

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

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**A. DIRECTORS**

☐ Chairman Name: Rex Allen  
☐ Vice Chairman Address: 1209 Pointe Centre Dr, Ste 101  
☐ Director Chattanooga, TN 37421  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Ryan Allen  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1209 Pointe Centre Dr., Ste 101  
☐ President Chattanooga, TN 37421  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Laura Jefferies  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1209 Pointe Centre Dr., Ste 101  
☐ President Chattanooga, TN 37421  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

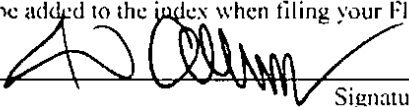
☐ Chairman Name: Penny Manis  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 1209 Pointe Centre Drive, Ste 101  
☐ President Chattanooga, TN 37421  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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



**Tre Hargett**  
Secretary of State

**Division of Business Services**

**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

POINTE PROPERTY GROUP  
PENNY MANIS  
STE 101  
1209 POINTE CENTRE DR  
CHATTANOOGA, TN 37421

May 11, 2020

Request Type: Certificate of Existence/Authorization  
Request #: 0364517

Issuance Date: 05/11/2020  
Copies Requested: 1

**Document Receipt**

Receipt #: 005540341

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3781498798

\$20.00

Regarding: POINTE PROPERTY GROUP, INC.

Filing Type: For-profit Corporation - Domestic

Control #: 243123

Formation/Qualification Date: 07/31/1991

Date Formed: 07/31/1991

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**POINTE PROPERTY GROUP, INC.**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 039591633