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COVER LETTER

-	stration Section sion of Corporations			
SUBJECT:	Zero Point, Inc.			
0000000	Name o	of corporation - n	nust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Standin	g" and check are submitte	siness in Florida." d to register the
Please return	all correspondence concerni	ng this matter to	the following:	
Peggy Abr	amson			
		Name of Per	son	
Zero Point	, Inc.			
	-	Firm/Compar	ıy	
2125 McC	omas Way Suite 103			
		Address		
Virginia Be	each, VA 23456	<u> </u>		
		City/State and	Zip code	
billing@ze	ropointusa.com			
	E-mail address	: (to be used for	future annual report notifi	cation)
For further in	nformation concerning this m	natter, please call	:	
Peggy Abi	ramson	at (757)	721-6601	
	ne 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		Registration Section Division of Corpor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make c □ \$70.00 Fi	a check for the following amoreheck payable to: FLORIDA Deling Fee	EPARTMENT O ig Fee & 🗆 \$		\$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. Zero Point, In (Enter name of cor "Inc.," "Co.," "Cor	corporated poration; must include "INCORPORATEI p." "Inc," "Co." or "Corp.")	D." "COMPANY." "CORPORATION."	
Zero Point	ole in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting but	siness in Florida)
2. Virginia	under the law of which it is incorporated)	3. <u>20-5956367</u> (FEI number, if applica	ible)
4. November 20	006	5(Date of duration, if other than	numatical)
(Date 6	of incorporation)	(Date of duration, it other man	perpetuary
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 s Way Suite 103 Virginia Beach, V	7.1502c1 .3., to determine princip	
7. 2125 MCCOMa	(Principal of	office street address)	
8 Name and stree	(Current ma t address of Florida registered agent: (ulling address, if different) P.O. Box <u>NOT</u> acceptable)	2822 JUL
Name:	Registered Agents Inc.		29
Office Address:	7901 4th St N STE 300		FILED JUL 29 PH 3: 39
	St. Petersburg	Florida	: 39 5: 39
	(City)	(Zip code)	****
designated in this	ed as registered agent and to accept se	ervice of process for the above stated co intment as registered agent and agree t es relative to the proper and complete p y position as registered agent.	
	Bell Hame	Registered Agents Inc. Bill Havre - Assistant Secre	tary

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].

(Registered agent's signature)

□ Vice Chairman Address: 2317 Santa Fe Dr. Virginia Beach, VA 23456 □ Director □ □ President □	□Chairman Name: □Vice Chairman Address: □Director □President □Vice President □Secretary □Treasurer
□ Director □ ☑ President □	□Director □President □Vice President □Secretary □Treasurer
□ Director □ ☑ President □	□President □Vice President □Secretary □Treasurer
	□Vice President □Secretary □Treasurer
□ Vice President □	□Secretary □Treasurer
□ Secretary □ Treasurer □	7 0.
□Other □Other □	□Other
□Chairman Name: Michael Farmer □	□Chairman Name:
□ Vice Chairman Address: 1 Dewberry Drive □ Whispering Pines, NC	□ Vice Chairman Address:
	□ Director
□President □	□President
	□Vice President
□ Secretary □ Treasurer □	□Secretary □Treasurer
□Other □Other □	□Other □Other
□Chairman Name: Wesley Boyer □	□Chairman Name:
□Vice Chairman Address: 324 Greens Edge Dr □ Chesapeake, VA 33376	□Vice Chairman Address:
· · · · · · · · · · · · · · · · · · ·	□ Director
□President □	□President
☑Vice President □	□ Vice President
□ Secretary □ Treasurer □	☐Secretary ☐Treasurer
□Other □Other □	□ Other □ Other
Important Notice: Use an attachment to report more than six (6). The attachme individuals may be added to the index when filing your Florida Department of 12. Signature of Director or Off	of State Annual Report form.

The officer or director signing this document (and who is listed in number 11 above) affirms to 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. Wesley Boyer Vice President of Finance and Admin.

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That ZERO POINT, Incorporated is duly incorporated under the law of the Commonwealth of Virginia:

That the corporation was incorporated on November 21, 2006;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 13, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022061317408358