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SECRETARY OF STATENS
NVISION OF CORPORATIONS
NVISION OF CORPORATIONS



COVER LETTER

	stration Section ion of Corporations		
SUBJECT:	FirstPoint Background Screenin	g Resources,	Inc.
SOBOLET.	Name of	corporation	- must include suffix
Dear Sir or M	ladam:		
"Certificate o		f Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return	all correspondence concerning	this matter	to the following:
Anthony Robe	rtson		
		Name of	Person
FirstPoint Bac	kground Screening Resources, Inc	c.	
		Firm/Com	pany
225 Commerce	e Place		
		Addre	ess
Greensboro, N	C 27401		
		City/State a	nd Zip code
akashuba@firs	stpointresources.com		
	E-mail address: (to be used f	or future annual report notification)
For further in	formation concerning this mat	ter, please c	all:
Anthony Robe	rtson at	336	378-6300
Nam	e of Person	Area Code	Daytime Telephone Number
Regis Divis The C 2415	stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	check for the following amounteek payable to: FLORIDA DEP ing Fee S78.75 Filing Certificate of	ARTMENT Fee &	OF STATE 378.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

FirstPoint Back	ground Screening Resources, Inc.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)
North Carolina	3	83-2173780	
	y under the law of which it is incorporated)	(FEI number, if applica	ble)
9/13/2018	5.		
	of incorporation)	(Date of duration, if other than perpetual)	
5 .			
<u> </u>		n Florida, if prior to registration)	
225 (2000)		502, F.S., to determine penalty liability)	
7	lace, Greensboro, NC 27401		
DO Day 26140 ((Frincipai offi Greensboro, NC 27402	ce <u>street</u> address)	24 JV
TO BOX 20140, C		ng address, if different)	AFR R
	(Current mainr	ig address, if different)	R 10
R. Name and stree	et address of Florida registered agent: (P.C) Box NOT acceptable)	
o, Tvame and <u>strev</u>	C T Corporation Syskm	5. Dox (NOT acceptable)	PH 4: 50
Name:	C i Corporation 303E-1		-
Office Address:	1200 South Pine Island Road		Ö
	Plantation	, Florida ³³³²⁴	

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.

Lisa D. DuBois, Assist. Sec.

(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.

••	•					
A. DIRECTORS						
□Chairman		□Chairman	Name: Anthony Charles Robertson			
□Vice Chairman	Address: 225 Commerce Place	□Vice Chairman	Address: 225 Commerce Place			
Director	Greensboro, NC 27401	Director	Greensboro, NC 27401			
President		□President				
□Vice President		■Vice President				
Secretary	□Treasurer	Secretary	□Treasurer			
□Other	Other	Other	Other			
□Chairman □Vice Chairman	Name: David Frederick Fox Name: 225 Commerce Place Address:	□Chairman □Vice Chairman	Name:Address:			
Director	Greensboro, NC 27401	□ Director				
President		□President				
		□Vice President				
			-			
Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	<u></u>	□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 attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index/when fifting your Florida Department of State Annual Report form. 12. Signature of Director or Officer						

ed who is listed in number 11 about officers that the feats stars

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.

Anthony C. Robertson; Secretary



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

FIRSTPOINT BACKGROUND SCREENING RESOURCES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of September, 2018, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of April, 2024.

6 laine I. Marshall

Secretary of State

Certification# 119408878-1 Reference# 21174701- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification