

L15000216402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

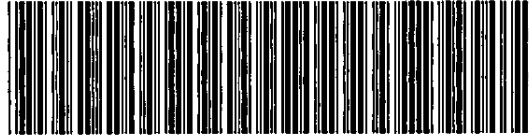
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100279517211

11/30/15--01041--012 \*\*160.00

FILED  
15 DEC 21 PM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DuPont Holdings, LLC dba Enhanced Security Professionals  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradley Huffman  
Name of Person

Enhanced Security Professionals  
Firm/Company

3434 Edwards Mill Rd Ste 112-349  
Address

Raleigh NC 27612  
City/State and Zip Code

Training@espp105.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Huffman at ( 919 ) 524-5880  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2015

BRADLEY HUFFMAN  
3434 EDWARDS MILL RD STE 112-349  
RALEIGH, NC 27612

SUBJECT: ONPOINT HOLDINGS, LLC DBA ENHANCED SECURITY  
PROFESSIONALS  
Ref. Number: W15000078320

RECEIVED  
15 DEC 21 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ONPOINT HOLDINGS, LLC DBA ENHANCED SECURITY PROFESSIONALS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 915A00025583

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OnPoint Holdings, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1314 E. Las Olas Blvd  
Fort Ste 718  
Fort Lauderdale FL 33301

Mailing Address:

1314 E. Las Olas Blvd  
Ste 718  
Fort Lauderdale FL 33301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Stacey Bauer - Director  
Name

1314 E. Las Olas Blvd Ste 718  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Lauderdale FL 33301  
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Stacey A Bauer  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 DEC 21 PM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Bradley W. Huffman Jr  
1314 E. Las Olas Blvd Ste 718  
Ft Lauderdale FL 33301

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**

Bradley W. Huffman Jr.

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

Bradley W. Huffman Jr.  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)