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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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ECRETARY OF STATE ONS DIVISION OF CORPORATIONS

J. BRYAN FEB 2 6 2007

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Atpoint Consulting, LLC	
	Limited Liability Company)
	Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a
Please return all correspondence concerning thi	is matter to the following:
Alex Brounstein	
	(Name of Person)
Weinstock & Scavo, P.C	(Name of Person)  (Firm/Company)  1, Suite 300  (Address)
	(Firm/Company)
3405 Piedmont Road	I, Suite 300 (Address)
	(Address) Ø
Atlanta, GA 30305	
(City	y/State and Zip Code)
For further information concerning this matter,	please call:
Alex Brounstein	at (_404) 231-3999
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  □\$125.00 Filing Fee □\$130.00 Filing Fee Certificat	e & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate te of Status Certified Copy of Status & Certified Cop

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ed Lia	ability Company)	
Georgia Jurisdiction under the law of which foreign limited liabilit ompany is organized)	3. iy	( FEI number, if applicable	P) .
09/18/02 (Date of Organization)	5.	perpetual (Duration: Year limited liability comparexist or "perpetual")	y will cease to
(Date first transacted business in (Sec sections 608.501 & 608.502)	F.S. to	ida, if prior to registration.) o determine penalty liability)	17 1
35 WATERGATE DRIVE, #901			\begin{aligned} aligned
SARASOTA, FL 34236			(,)
(Street Addre	css of	f Principal Office)	- F
If limited liability company is a manager-manag	ed c	omnany, check here	
			· · · · · · · · · · · · · · · · · · ·
Attached is an original certificate of existence, no more than furisdiction under the law of which it is organized. (A photos slation of the certificate under cath of the translator must be so Nature of business or purposes to be conducted	copy i ubmit	is not acceptable. If the certificate is in a fore tited.)	
jurisdiction under the law of which it is organized. (A photocolaristic of the certificate under oath of the translator must be s	copy i ubmit	is not acceptable. If the certificate is in a fore tited.)	
jurisdiction under the law of which it is organized. (A photos slation of the certificate under cath of the translator must be so Nature of business or purposes to be conducted Signature of a member or an	copy i	promoted in Florida: Consulting  corized representative of a member.	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The nam	e of the	Limited	Liability	Company	is:
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V +:+	Canacillian	1 1	
Atpoint	Consulting,	L	LU
	,		_

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

**Business Filings Incorporated** 

(Name)

1203 Governors Square Boulevard, Suite 101

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Tallahassee** 

FL 32301-2960

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 608, Florida Statutes.

Mary & Spalinger-Asst. Sec. of Business Filings Incorporated

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 0247927

## STATE OF GEORGIA

#### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### ATPOINT CONSULTING, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 09/18/2002 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 13th day of February, 2007

Karen C Handel Secretary of State

Haun C. Handel

Certification Number: 733179-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp