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(Re	equestor's Name)	
(Ad	dress)	· ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Fon.		

Office Use Only



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TO: Registration Section Division of Corporations		
SUBJECT: Pointe General (Name of	of Limited Liability Company)	
	ed Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited rida	
Please return all correspondence concerning	this matter to the following:	
Val	(Name of Person)	
Pointe Gen	eral Contractors, LLC (Firm/Company)	
3935 Vol	(Address)	
Chatlanoog	a Tw 37416 City/State and Zip Code)	
For further information concerning this matter, please call:		
(Name of Person)	at (<u>423</u>) <u>155-68-45</u> (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 amoun \$125.00 Filing Fee \$130.00 Filing Certif		

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 name of the Limited Liability Company is:

- Pointe General Contractors, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Rex Allen
201-A Harbor Landing 725 Gulf Shore Orive
Florida Street Address (P.O. Box NOI ACCEPTABLE)
Destin FL, 32541 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.
(Signature)

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 07/19/2007 REQUEST NUMBER: 07200552 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/16/2003 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0445336 JURISDICTION: TENNESSEE

TO:
POINTE GENERAL CONTRACTORS, LLC
%VAL HYDE #200
1300 PREMIER DR
CHATTANOOGA, TN 37421

REQUESTED BY:
POINTE GENERAL CONTRACTORS, LLC
%VAL HYDE #200
1300 PREMIER DR
CHATTANOOGA, TN 37421

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

POINTE GENERAL CONTRACTORS, LLC

STE 100 CHATTANOOGA, TN 37421-0000 ON DATE: 07/19/07

RECEIVED:

¢60.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$60.00

RECEIPT NUMBER: 00004241910 ACCOUNT NUMBER: 00454662



1200 PREMIER DR

RILEY C. DARNELL SECRETARY OF STATE

55.4458