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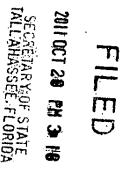
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
WIL 3 2321 A I INT		
A. LUNT		
OCT 21 2011		
EXAMINER		

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2011

DEMETRA MCLAIN 5051 E. ORANGETHORPE AVE. E144 ANAHEIM, CA 92807

SUBJECT: CHECK POINT ADVANTAGE LLC

Ref. Number: W11000032321

We have received your document for CHECK POINT ADVANTAGE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 611A00014535

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Check Point Advantage LLC Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	Certific less in F	ate of lorida.
Please return all correspondence concerning this matter to the following:		
Demetra McLain Name of Person		
Nume of Feldon		
Check Point Advantage LLC Firm/Company		
5051 E. Orangethorpe Ave E144	21	٠.
Address	<u>@</u>	
Anaheim, CA 92807	2011 OCT 28	T I I
City/State and Zip Code	3	ŢĮ.
demetramclain@att.net E-mail address: (to be used for future annual report notification)	ఆ	Ċ
For further information concerning this matter, please call:	8	
Demetra McLain at (714) 392.7917 Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sumset\$ \$\\$125.00\$ Filing Fee \$\sumset\$ \$\\$130.00\$ Filing Fee & Certificate of Status \$\sumset\$ Certified Copy \$\sumset\$ \$\sums	ite	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Check Point Advantage LLC.		
(Name of Foreign Limited Liability Company; must includ	le "Limited Liability Company," "L.L.C.," or "LL.	C.")
Check Point LLC.		
(If name unavailable, enter alternate name adopted for the purpose	e of transacting business in Florida and attach a co	py of the writte
consent of the managers or managing members adopting the altern	nate name. The alternate name must include "Limi	ted Liability
Company," "L.L.C," "LLC.")		
2. DE (Jurisdiction under the law of which foreign limited liability) 3.	(FEI number, if applicable)	
company is organized)	(Fig. hamoer, if applicable)	
4. 3.16.11 5.	perpetual	
(Date of Organization)	(Duration: Year limited liability company will exist or "perpetual")	cease to
6. No transactions as of yet.	3	28
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	to determine penalty liability)	2 70
7 1521 Concord Pike #301	HA	
7.	SSE SSE	8 – –
Wilmington, DE 19803	<u> </u>	
(Street Address o	(Principal Office)	<u>.</u> 5
8. If limited liability company is a manager-managed c	company, check here 🗸	600
9. The name and usual business addresses of the management	ging members or managers are as follows:	;
Karyn Reineke, 14603 Plain Rock Pass, Au	ıstin, TX 78728	
Demetra McLain, 5051 E. Orangethorpe	Ave E144, Anaheim, CA 92807	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submit	is not acceptable. If the certificate is in a foreign lang itted.)	
11. Nature of business or purposes to be conducted or	promoted in Florida: Inspections	
on quality of services performed, & gener	ral condition, of primarily reo prop	oerties_
Demetra		
	horized representative of a member.	
(In accordance with section 608.408(3), F.S., the execut	tion of this document constitutes an affirmation under the . I am aware that any false information submitted i	ie in a
	a third degree felony as provided for in s.817.155,	

Typed or printed name of signee

Demetra McLain

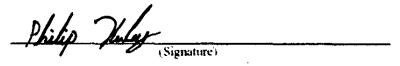
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

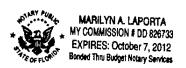
PURSUANT TO THE PROVISIONS OF SECTION 608-415 or 608,507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Comp	pany is:	
Check Point Advantage LLC.		
If unavailable, the alternate to be used in th	e state of Florida is.	
Check Point LLC.		
2 The name and the Florida street address Phillip Hurley	of the registered agent and off	2011 G
1222 Dartofina Oirela	(Name)	ARY ASSEE
1323 Portofino Circle Florida Street Add	#901 Iress (P.O. Box <u>NOT</u> acceptable)	OF STATE
Weston	FL 33326	ge.

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 Stanites.

City/State/Zip





\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Maulon a. Sal Dr. 10/4/12

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CHECK POINT ADVANTAGE LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF SEPTEMBER, A.D. 2011.

4955011 8300

110986105

AUTHENTICATION: 9023057

DATE: 09-12-11

You may verify this certificate online at corp.delaware.gov/authver.shtml