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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

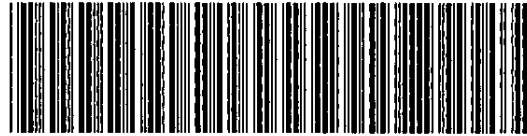
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers DEC 16 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2013

JENNIFER BLOESER
721 NW 9TH AVE SUITE 200
PORTLAND, OR 97209

SUBJECT: POINT 97 LLC
Ref. Number: W13000057185

We have received your document for POINT 97 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):

You must list the names and address of the manager or managing members in #9.,

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00024093

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Point 97 LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Bloeser
Name of Person

Point 97 LLC
Firm/Company

721 NW 9th Ave, Suite 200
Address

Portland, OR 97209
City/State and Zip Code

~~jennifer~~ Bloeser@ecotrust.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Bloeser at (503) 467-8785
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. Point 97 LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Oregon 3. 46-3185098
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/15/2013 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual").

6. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 721 NW 9th Ave, Suite 200
Portland, OR 97209
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Ruby Gates - 721 NW Ninth Ave, Suite 200 Portland, OR 97209
Jennifer Bleser - 721 NW Ninth Ave, Suite 200 Portland, OR 97209

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Technology
and Strategic Solutions for coastal and Marine planning

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jennifer Bleser
Typed or printed name of signee

**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:

Point 97, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Greg DeSanto
(Name)

746 Abby Mist Dr.

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


Jacksonville

FL

32259

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)

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Charles Steinback

Address: 721 NW 9th Ave, Suite 200, Portland, OR 97209

Director: Jennifer Bloeser

Address: 721 NW 9th Ave, Suite 200, Portland, OR 97209

B. OFFICERS

President: Astrid Scholz

Address: 721 NW 9th Ave, Suite 200, Portland, OR 97209

Vice President: 5 VP - Bettina von Hagen, Brent Davies, Edward Backus, Nancy Bales, Kristen Sheeran

Address: 721 NW 9th Ave, Suite 200, Portland, OR 97209

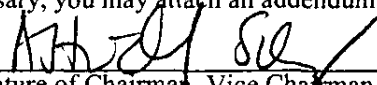
Secretary: Ofelia Svart

Address: 721 NW 9th Ave, Suite 200, Portland, OR 97209

Treasurer: Ron Grzywinski

Address: 721 NW 9th Ave, Suite 200, Portland, OR 97209

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ASTRID SCHOLZ, PRESIDENT
(Typed or printed name and capacity of person signing application)

State of Oregon

1201