

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000288735 3)))



H140002687353ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company NorthPoint Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION (GB.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NorthPoint Group LLC (Name of Foreign Lindied Liability Company; must include "Limited Liability Company," "LLC," or "LLC."	_	
(If name unavailable, outer alternate teams adopted for the purpose of transmitting business in Florida. The alternate name must include "Lithillity Company," "L.L.C." or "L.L.C.")	miled	
, Delaware		
(Jurisdiction under the law of which foreign limited liability (Fill number, if applicable)	-	
4		
(Date first transacted frastition in Florida, if prior to registration.) (See sections 605,0904 & 605,0905; F.S. to determine penalty liability)	-	
5 1450 Brickell Avenue, Suite 1690		
Miami, Florida 33131	-	
(Sirer Address of Principal Office)	2914	
6. 1450 Brickell Avenue, Suite 1690) 330 l	
Miami, Florida 33131		
(Mailing Address)	_ ഗ <u>്</u> വ	Ш
7. The name, title or capacity and address of the person(s) who has/have authority to munage is/are:	<u> </u>	O
Norman D. Cooper, Member	7: 5	
	Ŋ.	
1450 Brickell Avenue, Suite 1690	_	
Miami, Florida 33131		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off 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 transmust be submitted) Signature of an authorized person la scondance with section 605,0203, F.S., the execution of his document continues an afformation under the people's of person that the laces sained become	lator	
to divine your any same manimisman and document to the Department of State constitutes a third degree Relaty as provided for in 4.817 155, F.S.).	a and ithi	E (
Norman D. Cooper		
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d). FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

NorthPoint Group 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:		
Jeffrey	C. Roth (Name)	284 00 FALL 63	
	SCHOLL, 866 South Dixie Highway	FILED	
Coral Gable	FI 33146 City/State/Zip	D "SIATE FLORDA	

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 ogent as provided for in Chapter 605, Florida Statutes.

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NORTHPOINT GROUP 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 FIFTEENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHPOINT GROUP LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5**635943 8300**

141535516

You may verify this certificate chica

Jeffrey W. Bullock, Secretary of State .

DATE: 12-15-14