

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

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: (323)962-8600 : (323)962-3889

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nail	Address:	

Foreign Limited Liability Company THREE POINT PROS, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate filing Menu

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COVER LETTER

TO:	Registration Section
	Division of Corporations

THREE POINT PROS, LLC

Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Please return all correspondence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th Floor Address Glendale, CA 91203 City/State and Zip Code hhwhit@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 773-0888 ext9724 Cheyenne Moseley Name of Contact Person STREET ADDRESS: MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassec, FL 32301 Enclosed is a check for the following amount: □ \$130.00 Filing Fee & ■ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate □ \$125.00 Filing Fee Certificate of Status Certified Copy

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 THREE POINT PROS	, LLC					
(Name of Fore	elgn Limited Liability Company; mu	st inch	ide "Limited Liab	ility Company," "L.L.C.," o	r"LLC.")	
(If name unavailable, cuter al Liability Company," "L.L.C,	Iternate name adopted for the purpos " or "LLC.")	ic of tr	msacting business	s in Florida. The alternate na	me must in	clude "Limited
2. Delaware	,	2	81-3731723			
	of which foreign limited liability	٥.	· - · · · · · · · · · · · · · · · · · ·	(FEI number, if applicable)	,
4						
	(Date first transacted busine (See sections 605,0904 & 605	ni 285. .0905,	lorida, if prior to F.S. to determine	registration.) penalty liability)		
5. 33 Chateau Way			· <u>· · · · · · · · · · · · · · · · · ·</u>	·	_	
Naples, FL 34112						
	(Street Address of	Princip	al Office)		_	
6. 33 Chateau Way						
Naples, FL 34112						
	(Mailing	Addres	s)		_	
7. Name and street addres	s of Florida registered agent: (P	.O. Bo	x NOT accepta	ible)		
Name:	United States Corporation Age					
Office Address:	13302 Winding Oak Court Suit	te A			7	. 5
	Tampa			, Florida 33612 (Zip code)	ji.	16 SEP 30
Registered agent's accep	(City)			(Zip code)	+ (+) / - (-) /	ತ್ರ
Having been named as re designated in this applica- to complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoint ons of all statutes relative to the my position as registored agent.	tment	as registered ag r and complete	ent and agree to act in th	its capacity s, and I an	y. I further agree
	(Regist	ered ap	ent's signature)			
8. The name, title or capa	ncity and address of the person(s)	who l	nas/have authori	ty to manage is/are:		
Harold L. Whitlock, Man	ager, 33 Chateau Way, Naples, F	L 341	12			
Town to the second seco				· · · · · · · · · · · · · · · · · · ·		•
	of existence, no more than 90 da of which it is organized. (If the cubmitted)					
	Signature	of an	authorized person		_	
This document is executed submitted in a document to	l in accordance with section 605.0 the Department of State constitu)203 (ites a t	l) (b), Florida S hird degree felo	tatutes. I am aware that an ny as provided for in s.817	y false infe 1.155, F.S.	ormation

Typed or printed name of signee

Harold L. Whitlock

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THREE POINT PROS, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THREE POINT PROS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6132678 8300 SR# 20165892763

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

Jarl'ory W. Samuel, Sacretary of Balls

Authentication: 203037321

Date: 09-22-16