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(Requestor's Name)

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(City/State/Zip/Phone #)

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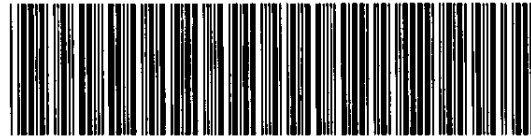
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT

JAN 27 2017

COPY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2017

MARK B PERRY
100 MAIN ST #208
SAFETY HARBOR, FL 34695

SUBJECT: GUIDEPOINT MANAGEMENT, LLC
Ref. Number: W17000003324

RECEIVED
JAN 19 2017
PERRY, LAW, P.A.

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GUIDEPOINT MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 917A00000836

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TALLAHASSEE, FLORIDA

COPY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Guidepoint Management, 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:

Mark B. Perry

Name of Person

Perry Law, P.C.

Firm/Company

100 Main Street, Suite 208

Address

Safety Harbor, Florida 34695

City/State and Zip Code

mmckinlay@guidepoint-mgt.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt McKinlay

208

724-2257

at (_____) _____

Name of Contact 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

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TALLAHASSEE, FLORIDA
17

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. Guidepoint Management, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Idaho 3. 26-4759818
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 6, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5907 N. Wellspring Way
Boise, Idaho 83713
(Street Address of Principal Office)

6. 13601 W. McMillan Road #102, PMB 320
Boise, Idaho 83713
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Mark B. Perry
Office Address: 100 Main Street, Suite 208
Safety Harbor, Florida 34695
(City) (Zip code)

Registered agent's acceptance:

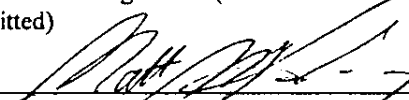
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Matt McKinlay
Managing Member
5907 N. Wellspring Way, Boise, Idaho 83713

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Matt McKinlay / Managing Member
Typed or printed name of signee

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17 JAN 25 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/9/2017

IDSOS CERTIFICATE OF EXISTENCE

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

GUIDEPOINT MANAGEMENT, LLC

File Number W-83350

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 4/22/2009.

I FURTHER CERTIFY That the limited liability company's certificate of organization has not been dissolved.

Dated: 1/09/2017 6:57 PM



A handwritten signature in cursive script, reading "Lawrence Denney".

SECRETARY OF STATE

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TALLAHASSEE, FLORIDA
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Authentic Access Idaho Document (<http://www.accessidaho.org/public/portal/authenticate.html>)
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