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04/02/18--01007--025 **638.75

PALLANASSEE STATE

LEROS MARRIE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Touchpoint Communications 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:
Cory Roletto Name of Person
Name of Person
Touchpoint Communications LLC Firm/Company
Firm/Company
667 NE Birchwood Dr Address
Address
Hillsboro, OR 97124
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cory Roletto at 503 819-8641 Name of Contact Person Area Code Daytime Telephone Number
Name of Contact 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: \$\Begin{align*} \Begin{align*} \Be



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2018

CORY ROLETTO 667 NE BIRCHWOOD DR HILLSBORO, OR 97124

SUBJECT: TOUCHPOINT COMMUNICATIONS LLC

Ref. Number: W18000017652

We have received your document for TOUCHPOINT COMMUNICATIONS: LEC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00005098





February 21, 2018

CORY ROLETTO 667 NE BIRCHWOOD DR HILLSBORO, OR 97124

SUBJECT: WEO MEDIA Ref. Number: W18000017652

We have received your document for WEO MEDIA and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00003656

RECEIVED

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DEPARTMENT OF STATE

ANYISTUN OF CORPORATION

TALL AHASSEE. FLORIFY

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

IN COMPILIANCE WITH SECTION BISHAIZ FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	MACATOMESCO IMBILIO LAMBIATI
1. Touch point Communications LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.C.," or "L.C.," or "L.C.,"	
WEO Media LLC	•
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Li	
2. Oregon (Unrediction under the law of which foreign limited liability company is organized) 3. 20-33954	+ 2. Z_ ober, if applicable)
4. 11-13-2017 (Date first transacted business in Florida, if prior to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty liability) 5. Touch point Company and Court 2005.	
5 Touch point Common unicarity of Touch point (ommunications
5. Touchpoint Communications 6. Touchpoint C. (Barrer Althress of Principal Office) (Malling Add 667 NE Birchwood Dr 667 NE Birchwood Dr	dias)
Hillshare CO COLITY	NWOOD Dr.
Hillsboro, OR 97124 Hillsboro, O	R-9 1129
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Tracy Conners	
Name: Tracy Conners Office Address: 2582 Iris Ann Drive	
Lakeland, Florida 338	10
Registered agent's acceptance: (City) (Zip con	de)
Having been named as registered agent and to accept service of process for the above stated limites	i liahility company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act	
the complete the complete of the state of th	
to comply with the provisions of all statutes relative to the proper and complete performance of my	
and accept the obligations of my position as registered agent.	
and accept the obligations of my position as registered agent.	
and accept the obligations of my position as registered agent. (Registered agent's signstanc)	
and accept the obligations of my position as registered agent.	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Reletto	duties, and I am familiar with
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Reletto	Name and Address:
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity:	Name and Address:
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Partner Cory Role Ho (pt NE Birchund Dr Hills boro, OR 97-124	Name and Address:
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Partner Cory Role Ho Get NE Birchwood Hillsbord, OR 97-124 Partner Wask Hutchinson	Name and Address:
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Partner Cory Role Ho (pt NE Birchwed Dr Hills bord, OR 97-124 Partner Mark Hutchinson 125 5w 171 st Ave	Name and Address:
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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Partner Cory Role Ho Lof NE Birchuster Partner Mask Hutchinson 125 5w 171 st Ave Recover ton 10R 97206 (Use attachments if necessary)	Name and Address:
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Partner Cory Role Ho (APT NE BILLIAMED) Partner Mark Hutchinson 125 5m 171 st Ave Becauser to n 108 97 106 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official he jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translate	Name and Address:
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Partner Cory Roletto	Name and Address: Solution of the certificate undersoath
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State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 550H611R4

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

TOUCHPOINT COMMUNICATIONS LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Senne Jukardson

DENNIS RICHARDSON, SECRETARY OF STATE

3/6/2018