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(Red	questor's Name)					
(Address)						
(Address)						
(City	//State/Zip/Phone	≥ #)				
PICK-UP	Wait	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Copies Certificates of Status					
Special Instructions to Filing Officer:						
W18-108142	5 cus					

Office Use Only



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December 17, 2018

STEVEN CAMPISI HILLPOINTE ASSET MANAGEMENT, LLC 1031 W MORSE BLVD, STE 240 WINTER PARK, FL 32789

SUBJECT: HILLPOINTE ASSET MANAGEMENT, LLC

Ref. Number: W18000108145

We have received your document for HILLPOINTE ASSET MANAGEMENT, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly Regulatory Specialist II

 \cdot

Letter Number: 718A00025785

COVER LETTER

Registration Section

TO:

Div	rision of Corporation							
UBJECT:	Hillpointe Asset Ma	inagement, LLC						
	Name of Limited Liability Company							
he enclosed xistence, a	d "Application by For nd check are submitte	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ted liabilit	ansact Business in Florida," (y company to transact busine	Certificate of ess in Florida		
lease return	n all correspondence o	concerning this matter to the	following:					
	Steven Campis	i						
	Name of Person							
	Hillpointe Asset Management, LLC Firm/Company							
	Hillpointe Asso	•						
		Address						
1031 W. Morse Blvd Suite 240								
		City/S	tate and Zip Code					
	Winter Park, FL	32789						
		E-mail address: (to be use	d for future annua	l report no	tification)			
rther is	nformation concernin	g this matter, please call:						
Ste	ven Campisi		407 at (221-04	21			
	Name o	f Contact Person	_ \	Day	time Telephone Number			
Div Reg 2.0	ALLING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations of Corporations ion Section duilding ecutive Center Circle see, FL 32301			
	a check for the follow \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	S160.00 Filing Fee, Cer of Status & Certified Copy			

\mathbb{L}_{T} Coreign 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. Hillpointe Asset M	lanagement, LLC	nust include "Umited"	Liability Company," "L.L.C.," or "LLC."	<u>, </u>			
(Comme of)	String Company		manny Company, Babaca, Carabba.	,			
If name unavailable, enter alt	rmate name adopted for the purpose of tran	nsacting business in Florid	a. The alternate name must include "Limited Lin	ability Company," "L.L.C," or "LLC.")			
2. Delaware			3.				
(Jurisdiction under the la	w of which foreign limited liability compar	ny is organized)	(FEI num	ber, if applicable)			
1 12/4/2018							
·· —————	(Date first transacted busines (See sections 605 0904 & 60	is in Florida, if prior to reg 05,0905, F.S. to determine	astration.) nenalty liability)				
(Street Address of Principal Office)			6. Hillpointe Asset Management, LLC (Mailing Address)				
1031 W. Morse B	lvd Suite 240		1031 W. Morse Blvd Suite 240				
Winter Park, FL 3	Winter Park, FL 32789		Winter Park, FL 32789				
Name and street a	ddress of Florida registered aş Steven Campisi	gent: (P.O. Box <u>}</u>	N <u>OT</u> acceptable)				
Office Addi	ess: 1031 W. Morse Blvd S	uite 240					
	Winter Park	Winter Park Florida 32789					
		(City)	: Frortaa <u></u> (Zip co	de)			
, ,	ations of my position as regis	(Registered agent's sig					
		r Kegistered agent s sig	nature;				
			have authority to manage is/are:	N			
<u>: or Capaci</u>	Name and Ac	<u>adress:</u>	Title or Capacity:	Name and Address:			
7985	No.	signed harde					
	Mint 825	og <u>Blud Som 24</u> FL 32789	(*0				
			`				
							
							
nents if i	necessary)						
ider the			rly authenticated by the official has in a foreign language, a translat				
			1) (b), Florida Statutes, I am awa I degree felony as provided for in				
			·				
		Signature of	an authorized person				
	C						
	Steven Campisi						

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HILLPOINTE ASSET MANAGEMENT, 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 EIGHTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HILLPOINTE ASSET MANAGEMENT, LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2018.

10459 8300 # 20190128887

Authentication: 202043048

Date: 01-08-19