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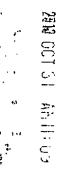
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
cestiona rection





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18/18/19--61684--824 **125.00



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COVER LETTER

10:	Division of Corporations
SUBJ.	ECT: Green Point Research LatAm LLC
	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ace, 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:

J. LIGHT TOWNSEND, JR., ESQ.

Name of Person

GREEN POINT RESEARCH HOLDINGS, LLC

Firm/Company

408 S. ANDREWS AVENUE, SECOND FLOOR
Address

FORT LAUDERDALE, FLORIDA 33301

City/State and Zip Code

LIGHT@GREENPOINTRESEARCH.COM

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

For further information concerning this matter, please call:

I. LIGHT TOWNSEND, IR. at (813) 765-8982

Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1, 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

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:

		d Liability Company," "L.L.C.," or "LLC.")		
	sure adopted for the purpose of transacting business in Flo	rida. The alternate name mast include "Limited Liability Compa	my," "L.L C," o: "LL	.c.')
DELAWARE	meh foreign limited hability company is organized)	3. <u>36-4949441</u>		_
	activities of marce and any company is organized;	(FLI number, it applies	ible I	
N/A	(Date first transacted business in Florida if once to	court traves)		
	(Date this transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ			
3411 SILVERSIDI	ROAD	6. 408 S. Andrews Ave		. r.o
TATNALL BUILI		Second Floor	1	⇔
WILMINGTON,		Ft. Lauderdale, FL 33301		39 -
				ا -
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	•	
	J. LIGHT TOWNSEND, IF		1.	1.5
Name:	J. LIGHTI TOWNSEND, J.	<u>. </u>		10 THE
Office Address:	408 S. ANDREWS AVE., SECO	ND FLOOR		
	FORT LAUDERDALE			ů.
	(Cay)	, Florida <u>33301</u>		
ving been named as reg ignated in this applicat comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper	(Zip code) process for the above stated limited liability s registered agent and agree to act in this co and complete performance of my duties, ar	anacity. I forti	her au
ving been named as regignated in this applicat Comply with the provisi	tance: gistered ugent and to accept service of p tion. I hereby accept the uppointment a ons of all statutes relative to the proper tof my position as registered ugent.	process for the above stated limited liability s registered agent and agree to act in this co	anacity. I forti	her av
ving been named as regignated in this application omply with the provision accept the obligations	tance: gistered agent and to accept service of pion. I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent. (Registered agent)	process for the above stated limited liability is registered agent and agree to act in this count complete performance of my duties, and complete performance of my duties.	anacity. I forti	her av
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The name, title or capa Title or Capacity: CEO se attachments if necess Attached is a certificate	city and address of the person(s) who ha Name and Address: DAVID HASENAUER 1088 ANDREWS AVE., SECOND FOR THE LAUDERDAIL, PL. 54301 Party) of existence, no more than 90 days old, of which it is organized. (If the certificate	process for the above stated limited liability is registered agent and agree to act in this can and complete performance of my duties, and complete performance of my duties, and complete performance of my duties, and complete performance of my duties. State of Capacity: Name	apacity. I furthend I am fumilia and Address:	her ag ur with
ving been named as regignated in this applicationally with the provisional accept the obligations. The name, title or capa Title or Capacity: CEO se attachments if necess attached is a certificate as sdiction under the law of the capacity.	tance: gistered agent and to accept service of prion. I hereby accept the appointment acons of all statutes relative to the proper of my position as registered agent. (Registered agent.) (Register	process for the above stated limited liability is registered agent and agree to act in this can and complete performance of my duties, and complete performance of my duties, and signature. Shave authority to manage is/are: Title or Capacity: Name LOOR	apacity. I furthend I am fumilia and Address:	her ag ur with

DAVID HASENAUER
Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "GREEN POINT RESEARCH LATAM, 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREEN POINT RESEARCH LATAM, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2018.

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

Authentication: 203911450

Date: 10-31-19