

M210000001212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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K. Brumbley



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **January 29, 2021**

Account#: I20000000088

Name: **KEN HOWELL**

Reference #: **1321913**

Entity Name: **SOURCEPOINTE OF AL, LLC**

☒ **Articles of Incorporation/Authorization to Transact Business**

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$125.00**

Signature: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOURCEPOINTE OF AL, 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:

Tim Vella

Name of Person

CoAdvantage Corporation

Firm/Company

101 Riverfront Blvd. Suite 300

Address

Bradenton, FL 34205

City/State and Zip Code

tvella@coadvantage.com

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

For further information concerning this matter, please call:

Vicki Schlierer

Name of Contact Person

at ( 518 )

Area Code

213-0886

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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:

SOURCEPOINTE OF AL, LLC

1. \_\_\_\_\_  
(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. AL  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-3855263  
(FEI number, if applicable)

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

5. 101 Riverfront Blvd.  
(Street Address of Principal Office)

6. 101 Riverfront Blvd.  
(Mailing Address)

Suite 300

Suite 300

Bradenton, FL 34205

Bradenton, FL 34205

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

Karen McKeown  
(Registered agent's signature)

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AND  
FILED

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:

☒ Manager                      Name: Clinton W. Burgess

☐ Member                      Address: 3350 Buschwood Park Dr.

☐ Authorized                      Suite 200

Person                      Tampa, FL 33618

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☒ Manager                      Name: Peter C. Grabowski

☐ Member                      Address: 3350 Buschwood Park Dr.

☐ Authorized                      Suite 200

Person                      Tampa, FL 33618

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager                      Name: CoAdvantage Corporation

☒ Member                      Address: 3350 Buschwood Park Dr.

☐ Authorized                      Suite 200

Person                      Tampa, FL 33618

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-exempt individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 by a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Peter C. Grabowski

Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

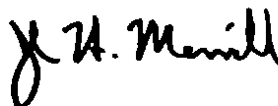
**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that SourcePointe of AL, LLC was  
formed in Jefferson County, Alabama on December 15, 2008. The Alabama Entity  
Identification number for this entity is 428-138. I further certify that the records do  
not disclose that said entity has been dissolved, cancelled or terminated.

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

01/29/2021

Date



John H. Merrill

Secretary of State



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