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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
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**Foreign Limited Liability Company
Hillpointe Corporate Management, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
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HILLPOINTE CORPORATE MANAGEMENT, LLC
1031 W. MORSE BLVD
SUITE 240
WINTER PARK, FLORIDA 32789

March 10, 2022

Florida Secretary of State
Tallahassee, Florida

RE: Consent to Use of Name

Ladies and Gentlemen:

The undersigned, as Manager of Hillpointe Corporate Management, LLC, a Florida limited liability company ("HCM Florida"), which was duly organized under the laws of the State of Florida on January 1, 2022, under Document Number L22000008759, does hereby consent to use of the name Hillpointe Corporate Management, LLC by Hillpointe Corporate Management, LLC, a Delaware Corporation ("HCM Delaware"), to be qualified to conduct business in Florida promptly following this letter.

Please note that HCM Florida is being dissolved simultaneously with this letter and, following such dissolution, the name Hillpointe Corporate Management, LLC will cease to be used in the State of Florida. Immediately following the filing of the Articles of Dissolution of HCM Florida with the Florida Secretary of State, HCM Delaware intends to file an Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Sincerely,

HILLPOINTE CORPORATE MANAGEMENT,
LLC, a Florida limited liability company

By: 

Steven Campisi, Manager

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**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. Hillpointe Corporate 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 1031 W. Morse Blvd.
(Street Address of Principal Office)

6. 1031 W. Morse Blvd.
(Mailing Address)

Suite 240

Suite 240

Winter Park, FL 32789

Winter Park, FL 32789

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

Name: Corporation Company of Orlando

Office Address: 30 S. Orange Avenue, Suite 1600 (J3S)

Orlando . Florida 32801
(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.

Corporation Company of Orlando:

By: J. Gregory Humphries
J. Gregory Humphries, Vice President

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TALLAHASSEE, FL

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Steven Campisi</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kelly Mahoney</u>
<input type="checkbox"/> Member	Address: <u>315 E. New England</u>	<input type="checkbox"/> Member	Address: <u>1241 Tulipwood Lane</u>
<input type="checkbox"/> Authorized	<u>Unit 14</u>	<input type="checkbox"/> Authorized	<u>Athens, GA 30606</u>
Person	<u>Winter Park, FL 32789</u>	Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

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)

10. 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.



 Signature of an authorized person
 Steven Campisi, Manager

 Typed or printed name of signee

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HILLPOINTE CORPORATE 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 MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HILLPOINTE CORPORATE MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020.

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



4549429 8300

SR# 20220913633

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink. Below the signature is a horizontal line, and underneath that line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202851641

Date: 03-08-22

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