

P03000004700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

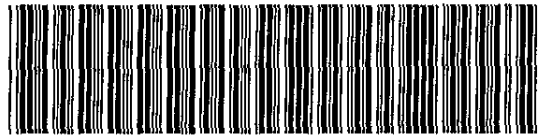
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03 JAN 14 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03 JAN 10 AM 11:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE 101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ON POINT ENTERPRISES, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

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☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

January 10, 2003

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: ON POINT ENTERPRISES, INC.  
Ref. Number: W03000000917

We have received your document for ON POINT ENTERPRISES, INC. and your check(s) totaling \$630.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 245-6962.

Valerie Ingram  
Document Specialist  
New Filing Section

Letter Number: 203A00001442

RECEIVED  
03 JAN 14 AM 10:32  
DIVISION OF CORPORATION

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03 JAN 14 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF \_**

**ON POINT GROUP, INC.**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I  
NAME**

The name of the corporation shall be: **ON POINT GROUP, INC.**

**ARTICLE II  
PRINCIPAL OFFICE**

The principal place of business of said corporation shall be at:

**14335 SW 96 TERR., MIAMI, FL 33186**

with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE III  
CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**Five Hundred Shares**

Articles of Incorporation

**ARTICLE IV  
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Patricia Contreras  
14335 SW 96 Terr.  
Miami, Fl 33186

**ARTICLE V  
INCORPORATORS**

The names and street addresses of the incorporators to these Articles of Incorporation are:

| <b>NAME</b>                        | <b>ADDRESS</b>                       |
|------------------------------------|--------------------------------------|
| Patricia Contreras, President      | 14335 SW 96 Terr<br>Miami, Fl 33186  |
| Jaime Puche II, Treas. & Secretary | 14335 SW 96 Terr.<br>Miami, Fl 33186 |

Articles of Incorporation

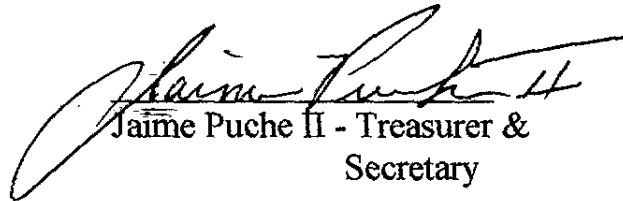
**IN WITNESS WHEREOF, WE**, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 7th day of January, 2003.

**WITNESSES**



  
Patricia Contreras - President

\_\_\_\_\_

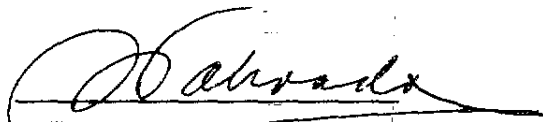
  
Jaime Puche II - Treasurer &  
Secretary

**STATE OF FLORIDA )**

**) SS:**

**COUNTY OF DADE )**

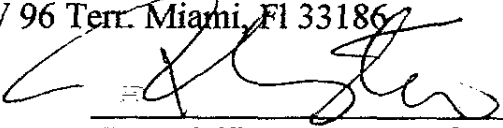
**BEFORE ME**, the undersigned authority, personally appeared Patricia Contreras and Jaime Puche II, who are known to me to be the persons described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signers respectively and the facts and matters therein set forth are true and correct.

  
Juan Taboada  
MY COMMISSION # DD029185 EXPIRES  
September 29, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

## CERTIFICATE DESIGNATING RESIDENT AGENT

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:  
ON POINT GROUP, INC.
2. The name and address of the registered agent and office is:  
Patricia Contreras, 14335 SW 96 Terr. Miami, Fl 33186

  
Corp. Officer: Patricia Contreras

Date: January 7th, 2003

Having been named to accept service of process for the above stated corporation at place designated in this Certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Patricia Contreras

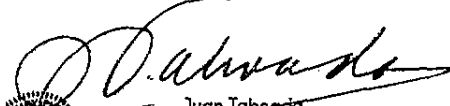
STATE OF FLORIDA )

) SS:

COUNTY OF DADE )

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above named to take acknowledgements personally appeared Patricia Contreras to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that she executed the foregoing Certificate Designating Resident Agent. IN WITNESS WHEREOF, I set my hand and official seal in the County and State named above, this day the 7th day of January, 2003

03 JAN 14 PM 1:48  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Juan Taborda  
MY COMMISSION # DD029185 EXPIRES  
September 29, 2005  
BONDED THRU TROY FARM INSURANCE, INC.