

PI2000020014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

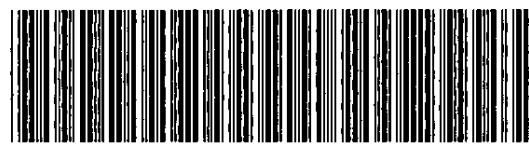
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200223115572

02/28/12--01015--015 **78.75

2012 FEB 28 AM ID: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers FEB 29 2012

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: North Point Advisors, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee
 \$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Michael H. Diemer

Name (Printed or typed)

23850 Via Flora Creek #1901

Address

Bonita Springs, FL 34134-7148

City, State & Zip

612-759-2100

Daytime Telephone number

MDiemer@roz.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 28 AM 10:16

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *North Point Advisors, Inc.*

ARTICLE II PRINCIPAL OFFICE

Principal street address
*23850 VIA ITALIA Circle
1901
Bonita Springs, FL 34134-7148*

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: *25,000*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *MICHAEL H. DIEMER President* Name and Title: _____

Address: *23850 VIA ITALIA Circle* Address: _____

*# 1901
Bonita Springs, FL 34134-7148*

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: *MICHAEL H. DIEMER*
Address: *23850 VIA ITALIA Circle # 1901
Bonita Springs, FL 34134*

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: *MICHAEL H. DIEMER*
Address: *23850 VIA ITALIA Circle # 1901
Bonita Springs, FL 34134*

2012 FEB 28 AM ID: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]

2-24-12

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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]

2-24-12

Required Signature/Incorporator

Date