

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : JOHN W. SMITH
Account Number : 075350000233
Phone : (561) 997-2890
Fax Number : (561) 892-0743

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12 MAY 18 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ilobuono@activedg.com

FLORIDA PROFIT/NON PROFIT CORPORATION

PointFly.com, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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MRD 5/21/12

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

FILED

12 MAY 18 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME PointFly.com, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1095 Broken Sound Pkwy. NW
Suite 200
Boca Raton, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: Ten Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brad Gelsen, P/S/T/D
Address: 1095 Broken Sound Pkwy. NW
Suite 200
Boca Raton, FL 33487

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Phil Clark
Address: 1095 Broken Sound Pkwy. NW, Suite 200
Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brad Geisen
Address: 1095 Broken Sound Pkwy. NW, Suite 200
Boca Raton, FL 33487

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


Required Signature/Registered Agent

May 18, 2012

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.


Required Signature/Incorporator

May 18, 2012

Date

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