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DATE: 11/09/21

NAME: CPD, INC.

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

Attalge

COVER LETTER

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

CP Distributors, Inc.

SUBJECT: _____

(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: _____

DANIEL W. KRAUSE

Name (Printed or typed)

2761 NE 56 CT

Address

Fort Lauderdale, FL 33308

City, State & Zip

818-427-1999

Daytime Telephone number

dan@counterpointmutualfunds.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2021

FLORIDA FILING

SUBJECT: CPD INC
Ref. Number: W21000145745

We have received your document for CPD INC and your check(s) totaling \$. 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.

Please return 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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 721A00027394

Please Keep Original Filing Date
Thank you!

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

2021 NOV -9 PM 4: 27

ARTICLE I NAME

The name of the corporation shall be: CP Distributors, Inc.

SECRETARY OF STATE
FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
2761 NE 56 CT
Fort Lauderdale, FL
Florida
33308

Mailing address, if different is:
6778 N. Federal Highway
#447
Fort Lauderdale, FL
33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Whole Sale distribution
of mutual funds and ETFs to Financial Advisors

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel W. Krause President Name and Title:

Address: 2761 NE 56 CT Address:
Fort Lauderdale FL
33308

Name and Title: Name and Title:

Address: Address:

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: PARACORP Incorporated
Address: 155 OFFICE PLAZA Drive, 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANIEL W. KRAUSE
Address: 2761 NE 56 CT
FORT LAUDERDALE FL 33308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

See attached

Required Signature/Registered Agent

11/08/2021
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.

Daniel W. Krause
Required Signature/Incorporator

Date

11/8/2021

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STATE
-01 FL

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

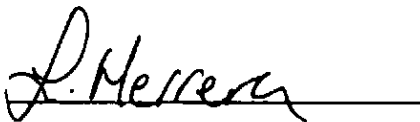
DATE: November, 10 2021

ENTITY NAME: CP Distributors, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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