

TRANSMITTAL LETTER

P99000102399

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

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-11/19/99--01057--002
*****78.75 *****78.75

SUBJECT: On Point, Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 19 PM 1:22

FILED

FROM: Lorraine Emory
Name (Printed or typed)

701 Poinsettia Road, #222
Address

Belleair, FL 33756
City, State & Zip

(727) 585-6342
Daytime Telephone number

NOV 22 1999

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

ARTICLES OF INCORPORATION

The undersigned incorporator, 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, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

626 Lakeview Road, Suite B
Clearwater, FL 33756

ARTICLE III SHARES

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

100 - All owned by President

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

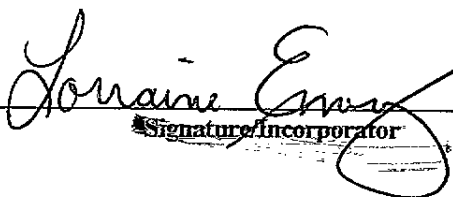
The name and Florida street address of the initial registered agent are:

Lorraine Emory
701 Poinsettia Road, #222
Belleair, FL 33756

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

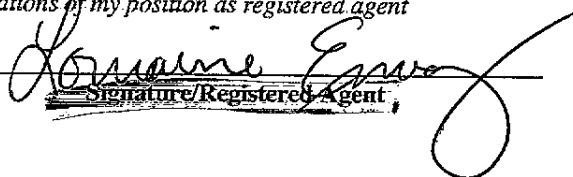
Lorraine Emory
701 Poinsettia Rd, #222
Belleair, FL 33756


Signature/Incorporator

11-6-99
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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


Signature/Registered Agent

11-6-99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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