

State of Delaware - Division of Corporations

DOCUMENT FILING SHEET



Priority 1
(One Hr)



Priority 2
(Two Hr)



Priority 3
(Same Day)



Priority 4
(24 Hour)



Priority 7
(Reg. Work)

SUBMITTER'S INFORMATION

Company/Firm Or Individual's Name DAVIS LAW OFFICE PLLC

Attention: _____

Mailing Address 1 2825 JOHNSON STREET NE

Mailing Address 2 _____

Mailing Address 3 _____

City MINNEAPOLIS State MINNESO1 Zip 55418 Country UNITED STATES

Phone: (612) 293 - 9308 Fax# _____

Email Address: DAVIS@DAVISMEANSBUSINESS.COM

Account Number: 0

DOCUMENT FILING REQUEST INFORMATION

Name of Company/Entity LAKE POINT CONSULTING LLC

File Number _____ Reservation Number _____

Type of Document LLC CERTIFICATE OF FORMATION

OTHER DOCUMENT FILING INFORMATION

OF Certified Copies returned _____

Other

- Good Standing
 Long Form Good Standing
 Apostille/Gold Seal

Country _____

Re: _____

METHOD OF RETURN

(Fax or E-Mail is not available)

Messenger/Pickup

Fed Ex UPS

Account # _____

Regular Mail

PAYMENT INFORMATION

Depository Account

Wallet

None


COMMENTS/FILING INSTRUCTIONS

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Lake Point Consulting LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 8 The Green Suite B (street), in the City of Dover DE, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Northwest Registered Agent Service Inc.

By: 
Authorized Person

Name: K. Davis Senseman
Print or Type