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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

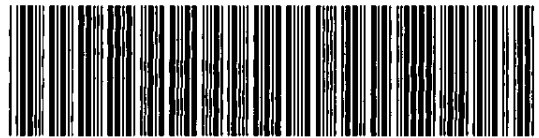
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W10-4183

Office Use Only



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01/26/10--01012--017 **78.75

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2010 FEB 10 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. Surah: FEB 11 2010

F. Surah: FEB 11 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIGHTHOUSE SERVICES CORPORATION
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Linda S. Dale, CP

Name of Person

Watkins Ludlam Winter & Stennis, P.A.

Firm/Company

190 E. Capitol Street, Ste. 800 (P. O. Box 427, Jackson, MS 39205)

Address

Jackson, MS 39201

City/State and Zip code

ldale@watkinsludlam.com

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

For further information concerning this matter, please call:

Linda S. Dale

Name of Person

at (601) 949-4967

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2010

LINDA S. DALE, CP
C/O WATKINS LUDLAM WINTER & STENNIS, P.A
PO BOX 427
JACKSON, MS 39205

SUBJECT: LIGHTHOUSE SERVICES CORPORATION
Ref. Number: W10000004183

We have received your document for LIGHTHOUSE SERVICES CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 910A00002214

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. LIGHTHOUSE SERVICES CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FLORIDA LIGHTHOUSE SERVICES CORPORATION

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. September 28, 2009

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 645 Lakeland East Drive, Ste. 101, Flowood, MS 39232

(Principal office address)

645 Lakeland East Drive, Ste. 101, Flowood, MS 39232

(Current mailing address)

8. Engaging in any lawful business authorized under the laws of the State of Mississippi

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

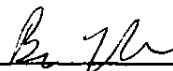
(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

Bernadette McNamara

Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRET
AIR OFFICE
FALL AIRCRAFT
FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Carl J. Chaney

Address: 2510 14th Street
Gulfport, MS 39501

Vice Chairman: John Hairston

Address: 2510 14th Street
Gulfport, MS 39501

Director: Michael Achary

Address: 2510 14th Street
Gulfport, MS 39501

Director: _____

Address: _____

B. OFFICERS

President: Carl J. Chaney, President/CEO

Address: 2510 14th Street
Gulfport, MS 39501

Vice President: John Hairston, Chief Operating Officer

Address: 2510 14th Street
Gulfport, MS 39501

Secretary: Michael Achary, CFO/VP/Treas.

Address: 2510 14th Street, Gulfport, MS 39501

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael M. Achary

(Signature of Director or Officer listed in number 12 of the application)

14. Michael M. Achary, CFO

(Typed or printed name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State
C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on September 28, 2009, the State of Mississippi issued a Charter/Certificate of Authority to:

LIGHTHOUSE SERVICES CORPORATION

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
January 22, 2010

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State