

F130000005098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

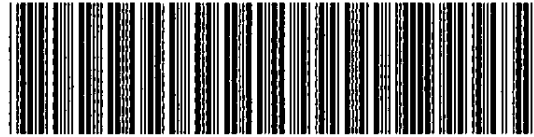
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 NOV 25 PM 12:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MD 11/26



111 N. Railroad St  
P O Box 390  
Groesbeck, TX 76642  
tel: 254.729.8002  
www.ilsainc.com

November 20, 2013

Region Code 768

Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Ref: Application for Certificate of Authority**

Dear Sir/Madam:

We are filing the following documents on behalf of Pyramid Insurance Centre, Ltd.

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #16030 Amount \$ 70.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

**Porsche Lockhart**

Porsche Lockhart  
Licensing and Compliance Specialist  
111 N. Railroad  
P.O. Box 390  
Groesbeck, TX 76642  
Phone: 254\*729\*6136  
Fax: 254\*729\*8069  
Email: [plockhart@ilsainc.com](mailto:plockhart@ilsainc.com)

26074

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Pyramid Insurance Centre, Ltd.

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:

Porsche Lockhart

Name of Person

ILSA, Inc.

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip code

jkanada@pyramidins.com

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

For further information concerning this matter, please call:

Porsche Lockhart

at ( 254 ) 729-6136

Name of Person

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

**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.*

1. Pyramid Insurance Centre, Ltd., Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- Pyramid Insurance Centre, Ltd., Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Hawaii 3. 990259222  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/12/1987 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 420 Waiakamilo Rd, Suite 411, Honolulu, HI 96817  
(Principal office address)
- 420 Waiakamilo Rd, Suite 411, Honolulu, HI 96817  
(Current mailing address)
8. Non-resident insurance agency for profit.  
(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, Florida 33324  
(City) (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.*

Maria Ozaeta  
Vice President

Maria Ozaeta  
(Registered agent's signature)

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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Jerry Manin

Address: 420 Waiakamilo Rd, Suite 411, Honolulu, HI 33324

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Jerry Manin

Address: 420 Waiakamilo Rd, Suite 411, Honolulu, HI 33324

Vice President: Jeffrey Kanada

Address: 420 Waiakamilo Rd, Suite 411, Honolulu, HI 33324

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. JEFFREY Y. KANADA VICE PRESIDENT

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

FILED  
13 NOV 25 PM 12:57  
SECRETARY OF STATE  
ALLAHABAD, FLORIDA



## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

PYRAMID INSURANCE CENTRE, LTD.

was incorporated under the laws of the State of Hawaii on 11/12/1987 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: November 06, 2013

Director of Commerce and Consumer Affairs

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CLERK OF STATE  
AT TALLAHASSEE FLORIDA

