

F14000003332

(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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CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

08/08/14



111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
tel 254.729.8002
fax 254.729.8002

July 31, 2014

Region Code 1573

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 Fulcrum Insurance Programs, Inc.

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #18326 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
Ph: 254*729*6136
Fax: 254*729*8069
Email: plockhart@ilsainc.com

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Fulcrum Insurance Programs, Inc.

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

Firm/Company

111 N Railroad

Address

Groesbeck, TX 76642

City/State and Zip code

earthur@fulcrumprograms.com

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

For further information concerning this matter, please call:

Porsche Lockhart

Name of Person

at (254) 729-6136

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Fulcrum Insurance Programs, Inc.

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

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

2. WA 3. 262099745
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/25/2008 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. 11235 Se 6Th Street, Suite 220, Bellevue, WA 98004
(Principal office address)
11235 Se 6Th Street, Suite 220, Bellevue, WA 98004
(Current mailing address)

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

Name: Corporate Creations Network Inc.
Office Address: 11380 Prosperity Farms Road #221E
Palm Beach Gardens, Florida 33410
(City) (Zip code)

9. 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.

 Kathleen Lange, Special Secretary
(Registered agent's signature)

10. 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: n/a

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dudley Rowland

Address: 11235 Se 6Th Street, Suite 200, Bellevue, WA 98004

Vice President: Eric Arthur

Address: 11235 Se 6Th Street, Suite 200, Bellevue, WA 98004

Secretary: Eric Arthur

Address: 11235 Se 6Th Street, Suite 200, Bellevue, WA 98004

Treasurer: _____

Address: _____

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

12. 

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.

13. ERIC ARTHUR EXECUTIVE VICE PRESIDENT

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

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FBI - ALBANY

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

FULCRUM INSURANCE PROGRAMS, INC.

I **FURTHER CERTIFY** that the records on file in this office show that the above named Profit
Corporation was formed under the laws of the State of WA and was issued a Certificate Of
Incorporation in Washington on 2/25/2008.

I **FURTHER CERTIFY** that as of the date of this certificate, **FULCRUM INSURANCE
PROGRAMS, INC.** remains active and has complied with the filing requirements of this office.

Date: July 24, 2014

UBI: 602-807-939

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SEAL OF THE STATE OF WASHINGTON
FULCRUM INSURANCE PROGRAMS, INC.



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State