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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

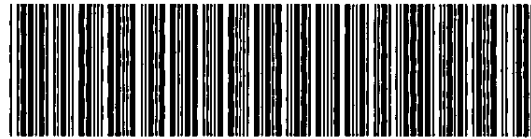
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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FBI ALBANY, N.Y. 12207-0001

9/22/14 AB



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

September 15, 2014

Region Code 1437

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 **Granite Enterprises, Inc.**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #3865 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](mailto:plockhart@ilsainc.com)

~~329~~ 32281

## COVER LETTER

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

**SUBJECT:** Granite Enterprises, 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 Lockman

Name of Person

Insurance Licensing Services of America

Firm/Company

111 N Railroad St

Address

Groesbeck, Tx 76642

City/State and Zip code

dlh@haynesins.com

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

For further information concerning this matter, please call:

Porsche Lockman

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:

- ☒ \$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. Granite Enterprises, 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. CA 3. 911837915  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/11/1997 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. 3450 Regional Parkway #D Santa Rosa CA, 95403-8218  
(Principal office address)
- P.O. Box 3639 Santa Rosa, CA 95402  
(Current mailing address)
8. Insurance Sales  
(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: NRAI Services, Inc.
- 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.*

  
(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.**

14 SEP 19 11:12:35  
FBI - TAMPA

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

**A. DIRECTORS**

Chairman: David L. Haynes

Address: 3450 Regional Parkway, Ste 0  
Santa Rosa, CA 95403

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

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

Director: David L. Haynes

Address: 3450 Regional Parkway, Ste 0  
Santa Rosa, CA 95403

Director: April M. Harper

Address: 3450 Regional Parkway, Ste 0  
Santa Rosa, CA 95403

**B. OFFICERS**

President: David L. Haynes

Address: 3450 Regional Parkway, Ste 0  
Santa Rosa, CA 95403

Vice President: \_\_\_\_\_

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

Secretary: April Harper

Address: 3450 Regional Parkway, Ste 0 Santa Rosa, CA 95403

Treasurer: April Harper

Address: 3450 Regional Parkway, Ste 0 Santa Rosa, CA 95403

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

13. \_\_\_\_\_

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. \_\_\_\_\_

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

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

GRANITE ENTERPRISES, INC.

**FILE NUMBER:** C2033109  
**FORMATION DATE:** 08/11/1997  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of August 23, 2014.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State