

3/4/2015

**F1500000913**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC  
Account Number : I20090000081  
Phone : (509)768-2249  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FOREIGN PROFIT/NONPROFIT CORPORATION  
LIGHTHOUSE RISK & INSURANCE SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

15 MAR -4 AM 8:27

15 MAR -4 PM 12:49

MAR-05 2015

T. SCOTT

**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. LIGHTHOUSE RISK & INSURANCE SOLUTIONS, 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. CALIFORNIA**

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

**3. N/A**

(FEI number, if applicable)

**4. 03/01/2013**

(Date of incorporation)

**5. PERPETUAL**

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

**6. N/A**

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

**7. 2231 HARBOR BAY PARKWAY, ALAMEDA, CA 94502**

(Principal office address)

**2231 HARBOR BAY PARKWAY, ALAMEDA, CA 94502**

(Current mailing address)

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

Name: **NORTHWEST REGISTERED AGENT LLC**

Office Address: **3030 N. ROCKY POINT DRIVE, STE 150A**

**TAMPA**

(City)

**Florida 33607**

(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.*



**Tom Glover, Manager**

(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.**

15 MAR -4 AM 8:27

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

**A. DIRECTORS**

Chairman: J. BRADY YOUNG

Address: 2352 MAIN STREET, SUITE 304  
CONCORD, MA 01742

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

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

Director: WESLEY C. DUESENBERG, JR.

Address: 4500 MANSELL ROAD  
ALPHARETTA, GA 30022

Director: TIMOTHY MCGRATH

Address: 2231 HARBOR BAY PARKWAY, ALAMEDA, CA 94502

**B. OFFICERS**

President: J. BRADY YOUNG

Address: 2352 MAIN STREET, SUITE 304  
CONCORD, MA 01742

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

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

Secretary: ROGER D. WIEGLEY

Address: 8345 NW 66TH ST, #9581, MIAMI, FL 33166

Treasurer: CASEY PROCTER

Address: 2231 HARBOR BAY PARKWAY, ALAMEDA, CA 94502

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

12. *Roger D. Wiegley*  
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. ROGER D. WIEGLEY, SECRETARY

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

**State of California**  
**Secretary of State**  
CERTIFICATE OF STATUS

**ENTITY NAME:**

LIGHTHOUSE RISK & INSURANCE SOLUTIONS, INC.

**FILE NUMBER:** C3539288  
**FORMATION DATE:** 03/01/2013  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 February 26, 2015.

ALEX PADILLA  
Secretary of State

RJB