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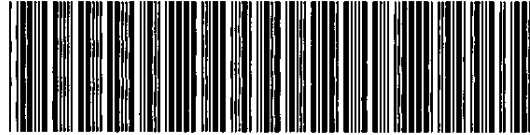
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15 MAY 29 AM 10:59

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lighthouse Senior Solutions, 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:

David L. Boles
Name of Person

Lighthouse Senior Solutions, Inc.
Firm/Company

3800 Hwy 45
Address

Meridian, MS 39301
City/State and Zip code

dlboles@onelifeamerica.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Taylor at (601) 693-8357
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. Lighthouse Senior Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Lighthouse Senior Benefits, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi 3. Perpetual 473 77 5352
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/17/15 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. none yet
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3800 Highway 45 Meridian, MS 39301
(Principal office address)

3800 Highway 45 Meridian, MS 39301
(Current mailing address)

15 MAY 29 AM 10:58

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

Name: Javier Rodriguez
Office Address: 832 South Florida Ave Suite 2
Lakeland, Florida 33801
(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.

Javi Rodriguez
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ron Reid, Jr.

Address: 9386-D Pine Springs Rd.
Meridian, MS 39305

Vice President: David L. Boles

Address: 126 Skyland Dr.
Meridian, MS 39301

Secretary: _____

Address: _____

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. David L. Boles Vice President

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



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

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

That on the 17th day of April, 2015, the State of Mississippi issued a Charter/ Certificate of Authority to

LIGHTHOUSE SENIOR SOLUTIONS, INC.

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.

That insofar as the records of this office are concerned, the said Lighthouse Senior Solutions, Inc. is in good standing at this time.

Given under my hand and seal of office
the 27th day of May, 2015

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN15010214

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>