

FM10000000159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

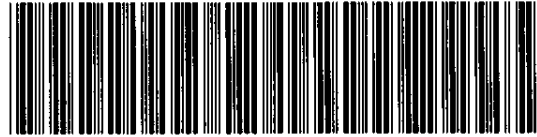
(Business Entity Name)

(Document Number)

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

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D. SCOTT  
JAN 11 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LS, 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:

Lisa Daniel

_____ Name of Person
LS, Inc.
_____ Firm/Company
One Pre-Paid Way
_____ Address
Ada, OK 74820
_____ City/State and Zip code
regulatory@legalshieldcorp.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Daniel	580	310-7622
_____ Name of Person	at (_____) Area Code	_____ Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

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**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. LS, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- LegalShield, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Oklahoma 3. 73-0945908  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 8, 1972 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. One Pre-Paid Way, Ada, OK 74820  
(Principal office address)  
Attn: Regulatory Affairs, One Pre-Paid Way, Ada, OK 74820  
(Current mailing address, if different)

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

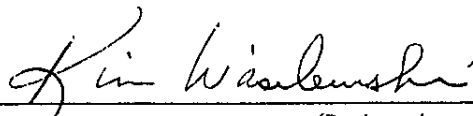
Name: CT Corporation

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*



(Registered agent's signature)

**Kim Wasilewski**  
Assistant Secretary

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

**A. DIRECTORS**

Chairman: Jeff Bell  
Address: 10420 NE 47th Place,  
Kirkland, WA 98033

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

Director: Kathleen S. Pinson  
Address: 14591 County Road 3588  
Ada, OK 74820

Director: Steve Williamson  
Address: 16432 County Road 3590  
Ada, OK 74820

**B. OFFICERS**

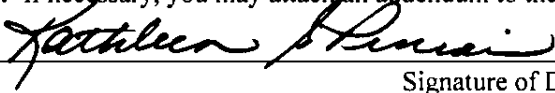
President: Jeff Bell  
Address: 10420 NE 47th Place  
Kirkland, WA 98033

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

Secretary: Kathleen S. Pinson  
Address: 14591 County Road 3588, Ada, OK 74820

Treasurer: Steve Williamson  
Address: 16432 County Road 3590, Ada, OK 74820

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 11 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. Kathleen S. Pinson, Secretary  
(Typed or printed name and capacity of person signing application)

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OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING**  
**DOMESTIC FOR PROFIT BUSINESS CORPORATION**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that LS, INC. whose registered agent is KATHLEENS PINSON, with its registered office at ONE PRE-PAID WAY ADA 74820 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 6th day of January, 2017.*

*Mike Hunter*

Secretary Of State

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