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Division of Corporations

Florida Department of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**FOREIGN PROFIT/NONPROFIT CORPORATION**

Castle Rock Holdings, Inc.

Certificate of Status	0
Certified Copy	1
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MAY 15 2017

**S. YOUNG**

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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. Castle Rock Holdings, 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. Missouri 3. 27-3448540  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 13, 2010 5. Perpetual  
(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. 217 Pindo Palm Drive, Ponte Vedra, Florida 32081  
(Principal office address)  
\_\_\_\_\_  
(Current mailing address, if different)
8. 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)

## 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.*

NRAI Services, Inc.

By: Angel Shearer **Angel Shearer**  
**Assistant 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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## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

Director: Debra S. Collier

Address: 217 Pindo Palm Drive

Ponte Vedra, Florida 32081

Director: Charles "Chuck" E. Welsh

Address: 217 Pindo Palm Drive

Ponte Vedra, Florida 32081

**B. OFFICERS**

President: Charles "Chuck" E. Welsh

Address: 217 Pindo Palm Drive

Ponte Vedra, Florida 32081

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

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

Secretary: Charles "Chuck" E. Welsh

Address: 217 Pindo Palm Drive, Ponte Vedra, Florida 32081

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Debra S. Collier

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. Debra S. Collier, Director

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

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# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

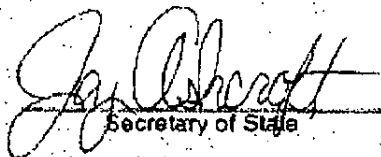
CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

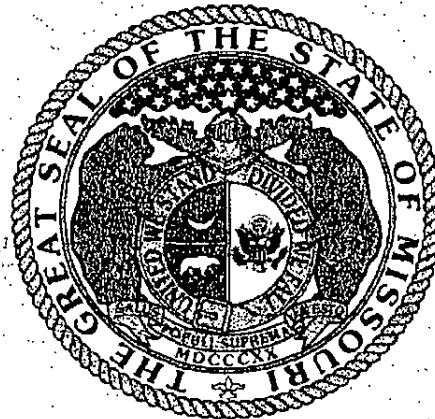
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*Castle Rock Holdings, Inc.*  
*01084954*

was created under the laws of this State on the 13th day of September, 2010, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of May, 2017.

  
Secretary of State



Certification Number: CERT-05122017-0032

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