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N. CAUSSEAUX JUN 1 5 2017

#### **COVER LETTER**

TO:	Registration Sec Division of Corp						
SUBJ	ECT:	Lightowler	Johnson 2	Associat	tes Incorp	orate	eđ
50110		Name of	corporation	- must inc	lude suffix		· · · · · · · · · · · · · · · · · · ·
Dear S	Sir or Madam:						
"Certi	ficate of Existence	on by Foreign Corp e," or "Certificate of a corporation to tra	f Good Stan	ding" and	check are sub		
Please	return all corresp	ondence concernin	g this matter	to the foll	owing:		
	ollette Jerst	ad					
			Name of I				
L	ightowler Joh	nson Associat	es Incorp	orated			
			Firm/Com	pany			
	700 Main Ave						
			Addre	ess			
F	'Argo, ND 581	.03					
			City/State ar	nd Zip cod	e		
c	:jerstad@lja-1						
		E-mail address:	(to be used f	for future a	innual report	notific	ation)
For fu	rther information	concerning this ma	tter, please c	all:			
c	Collette Jerst	ad	701	293-	1350		
	Name of Person		Area Code	e D	aytime Telep	hone 1	Number
	STREET/COU Registration Sec	RIER ADDRESS	:		MAILING A Registration S		
Division of Corporations			Division of Corporations				
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314						
	Tallahassee, FL				i alianassee, F	'L 323	314
Enclo	sed is a check for	the following amou	ınt:				
<b>Ø</b> \$7	0.00 Filing Fee	□ \$78.75 Filing Certificate of		\$78.75 F Certified	Filing Fee & I 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.

me.,	name of corporation; must include "INCORPOR" "Co.," "Corp," "Inc," "Co," or "Corp.")	ATED,	COMPANY, CONTROLL,	
(If nair		в пате в	dopted for the purpose of transacting business in Florida	)
(6)	North Dakota	3	450384094	
(21816	or country under the law of which it is incorpora	iica)	(FEI number, if applicable)	
	August 01,1984	5.	perpetual	
	(Date of incorporation)		(Date of duration, if other than perpetual)	C)
			_•	Zy
	(SEE SECTIONS 607,1501 &		Florida, if prior to registration) 02, F.S., to determine penalty liability)	是实
		(Princip	al office address)	70
	PO Box 2464, Pargo, ND 58108	3		哭
	(Curre	nt mailin	g address, if different)	. بو
	·			=
Name	and street address of Florida registered ager	nt: (P.Q	D. Box NOT acceptable)	
		•		
_		10 /1 /1 O	Lampany	
1	Name: Copporation Ser		' / /	
	1224	Stre	et.	
ffice A	ddress: 1201-Hays	) 1 re	ut '	~ \
	1224	) 1 re	, Florids 33301 (Lean Cou	usty)

Chelsey Martine
Asst Vice President

duties, and I am familiar with and accept the obligations of my position as registered agent.

(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: SEE ATTACHED SHEET
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
700 m
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Sun Jorg
12. Signature of Director or Officer  The officer or director of grains this decument (and who is listed in number 11 shows) affirms that the facts stated herein
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. Troy M. Tooz, Presidentt  (Typed or printed name and capacity of person signing application)
( 1 year of printed name and capacity of person signing approach)

#### Attachment to Florida:

#### Application for Certificate of Authority to Transact Business in Florida as a Foreign Corporation

**#11. A & B:** Name and addresses of officers and directors for Lightowler Johnson Associates Incorporated:

President:		
· •Troy Tooz	700 Main Ave	Fargo, ND 58103
Executive Vice President		, , ,
Todd Jelinski	700 Main Ave	Fargo, ND 58103
Vice President(s)		
<ul> <li>Nathan Anderson</li> </ul>	700 Main Ave	Fargo, ND 58103
, - Mark Schneider	1135 2 <sup>nd</sup> Ave W., Si	uite 207 Williston, ND 58801
• • Aaron Faiman – Treasurer	700 Main Ave	Fargo, ND 58103
, • Kya Schroeder – Secretary	700 Main Ave	Fargo, ND 58103
Chairman of the Board:		
, Stevan G. Dewald	700 Main Ave	Fargo, ND 58103
Directors:		
Troy Tooz	700 Main Ave	Fargo, ND 58103
Todd Jelinski	700 Main Ave	Fargo, ND 58103
<ul> <li>Nathan Anderson</li> </ul>	700 Main Ave	Fargo, ND 58103
. Mark Schneider	1135 2 <sup>nd</sup> Ave W., Se	uite 207 Williston, ND 58801
<ul> <li>Aaron Faiman – Treasurer</li> </ul>	700 Main Ave	Fargo, ND 58103
<ul> <li>Kya Schroeder – Secretary</li> </ul>	700 Main Ave	Fargo, ND 58103
, Winton D. Johnson	700 Main Ave	Fargo, ND 58103



# State of North Dakota SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING OF

LIGHTOWLER JOHNSON ASSOCIATES INCORPORATED

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that LIGHTOWLER JOHNSON ASSOCIATES INCORPORATED, a North Dakota BUSINESS CORPORATION, was incorporated in this office on August 1, 1984 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

**ACCORDINGLY** the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

LIGHTOWLER JOHNSON ASSOCIATES INCORPORATED

Issued: April 5, 2017

Alvin A. Jaeger Secretary of State