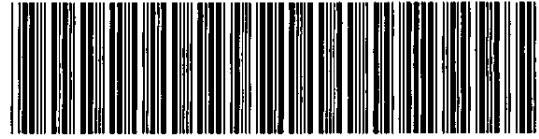


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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R. WHITE

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
14 DEC -5 AM 10:41



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 392036 7379443  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

ORDER DATE : November 25, 2014  
ORDER TIME : 9:50 AM  
ORDER NO. : 392036-005  
CUSTOMER NO: 7379443

FOREIGN FILINGS

NAME: MAJESTIC INSURANCE COMPANY

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Majestic Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Artur Turner  
Name of Contact Person

Greenpath Insurance Company  
Firm/Company

2721 Citrus Road, Suite B  
Address

Rancho Cordova, CA 95742  
City/State and Zip Code

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

For further information concerning this matter, please call:

Artur Turner at ( 916 ) 503.6314  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

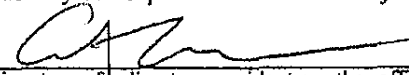
\_\_\_\_\_  
(Document number of corporation (if known))

1. Majestic Insurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. California 3. March 19, 1996  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? June 5, 2013
5. Greenpath Insurance Company  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.  
\_\_\_\_\_  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
\_\_\_\_\_  
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

FILED  
14 DEC -5 PM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Artur Turner  
(Typed or printed name of person signing)

\_\_\_\_\_  
Chief Financial Officer  
(Title of person signing)

**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

GREENPATH INSURANCE COMPANY

FILE NUMBER: C0977855  
FORMATION DATE: 03/17/1980  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, 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 December 03, 2014.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State

MMS