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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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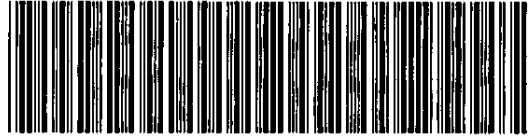
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FILED FEB 24 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIGHT HOUSE MANAGEMENT ALLIANCE, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Debbie Faulkner, Esq.

Name of Person

The Faulkner Firm, P.A.

Firm/Company

3106 Alt. US 19 N. Suite B

Address

Palm Harbor, Florida 34683

City/State and Zip Code

Debbie@thefaulknerfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Faulkner

Name of Contact Person

at (**727**)

Area Code

781-7428

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **LIGHT HOUSE MANAGEMENT ALLIANCE, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **MONTANA**

3. **47-2374883**

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEL number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **550 PINE AVENUE**

WHITEFISH, MONTANA 59937

(Street Address of Principal Office)

6. **550 PINE AVENUE**

WHITEFISH, MONTANA 59937

(Mailing Address)

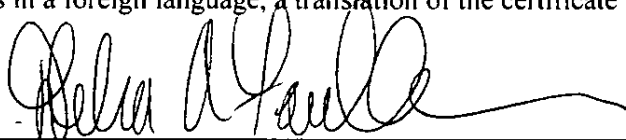
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

WILLIAM DAVID ELDEN, II - Co-Manager

RICHARD CHARLES ELDEN, Co-Manager

SCOTT W. ELDEN, Co-Manager

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Debra A. Faulkner

Typed or printed name of signee

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LIGHT HOUSE MANAGEMENT ALLIANCE, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Debbie Faulkner, Esq.

(Name)

3106 Alt. US 19 N. Suite B

Florida Street Address (P.O. Box NOT ACCEPTABLE)

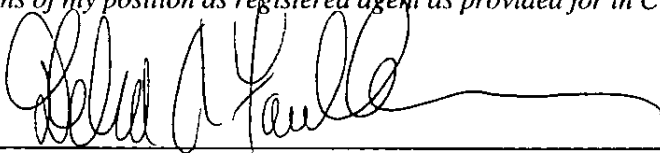
Palm Harbor

34683

FL

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

15 FEB 18 AM 8:57
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

LIGHT HOUSE MANAGEMENT ALLIANCE, LLC

duly filed its Articles of Organization in this office on 12 November 2014, and on that date was created a series limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said series limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said series limited liability company and my records indicate the series limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.

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STATE OF MONTANA
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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 11 February 2015.

Linda McCulloch

LINDA MCCULLOCH
Secretary of State

Certified File Number: C255069