4/26/2018

Division of Corporations

Crick Division of Corporation

Division of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000131600-3)))



H180001316003ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES LLC

Account Number : I20080000071 Phone : (561)910-5700 Fax Number : (561)910-5701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: thomas. Katz@ Katzbaskies.com

RECTATED

BAPR 26 PH 1: LE

MENARMENT OF COMPONING

ALLAHASSEE

MALLAHASSEE

MALLAH

Foreign Limited Liability Company
Lighthouse Finance Solutions LLC

CC	0
Certificate of Status	U
Certified Copy	0
Page Count	. 03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

ŧ.

Help

O SIMMONS

APR 2 7 2018

## COVER LETTER

	legistration Section Division of Corporation	S				
SUBJECT	Lighthouse Finance		. %			
		Name of .	Limited Liability	Company		
The enclose, Existence,	sed "Application by For and check are submitted	eign Limited Liability Comp d to register the above refere	pany for Authoriza enced foreign limi	ation to Tra ted liability	insact Business in Florida," Cely company to transact business	rtificate in Floric
Please retu	un all correspondence c	oncerning this matter to the	following:		三	 
	Michael Griffith	1			26	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	<del></del>	Name of Person				
	Lighthouse Fina	ince Solutions LLC				11-EU 58
	Firm/Company				Ę, r	95
	4613 N. Univer	sity Drive Suite 211			· -	
	-		Address			
	Coral Springs, I	FL 33067	.ñ			
		City/S	tate and Zip Code	•		
	mgriffith@ventu	etechsolutions.com				·
	<u> </u>	E-mail address: (to be use	d for future annua	l report not	rification)	
For furthe	r information concerning	g this matter, please call;	6 202			
Michael Griffith		954 at (	377-37.	51		
-	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
	is a check for the follow ■ \$125.00 Filing Fee	ing amount:  S130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, Certifof Status & Certified Copy	ficate
			Ar lates			
			: :- :0			

::.

## H180001316003

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BO	TION 605.0902, FLORIDA STATUTES, THE FOLIA SINESS IN THE STATE OF FLORIDA:	OWING IS SUBMITTED TO REGISTED	R A FOREIGN LIMITED LIMBILITY			
1. Lighthouse Finance So (Name of Foreign	lutions LLC Umited Liability Company, must include "Limited Liability Company, must include "Liability Company, m	ability Company, "L.LC.," or "LLC.")				
(if name unavailable, emerahemate u	ance edopted for the purpose of transcring business in Florida.	The physicals range point trackeds "Limited Liabil	Company," "LLC," or "LC")			
2 Delaware		3 <sup>4</sup> 82-2133905				
(Jurisdiction ander the law of W	high (creign limited his billing company is seganized)	(Fill europe	, (f applies le le )			
4	·					
	(Deze first transacted bindness in Florida, if prior to major (See sections 605.0504 & 603.0505, 7.5. to determine po	maily exhibity)				
5. 4613 N. University Dr	ive	6. (Mailing Addres				
(Street Address of	Principal Office)	(Mailing Activo	<b>"</b> _ , <del>  6</del>			
Suite 211		<u></u>				
Coral Springs, FL 330	067					
7. Name and street addre	55 of Fiorida registered agent: (P.O. Box N	OT Céptable)	26			
	Michael Griffith					
Name:		***************************************	:#: :#:			
Office Address:	4613 N. University Drive Suite 211					
	Coral Springs	. Florida 33067	<u> </u>			
Registered agent's acce	(Cityl	(Zip sode				
and accept the obligation	tions of all statutes relative to the proper and as of my position as registered again.  (Regions as us; it its					
	\)					
<ol> <li>The name, title or cap Title or Capacity:</li> </ol>	escity and address of the person(s) who has/t Name and Address:	rave Enthority to manage is/are: Title or Capacity:	Name and Address:			
President	Michael Griffith					
	4613 N University Dr. # 211 Coral Sorines FL 13067	¥				
		N.				
	_					
(Use attachments if nece						
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be</li> </ol>	te of existence, no more than 90 days old, du w of which it is organized. (If the certificate i submitted)	ily a nenticated by the official ha is in a foreign language, a translati	ving enstedy of records in the ion of the certificate under oath			
10. This document is exc submitted in a document	cuted in accordance with section 605.0203 (to the Department of State constitute a third	1) (b), Florida Statutes. I am awar degree felony as provided for in	e that any false information a.817.155, F.S.			
			<del> =</del>			
	Constitution of	ta extherized person				
	Michael Griffith, President					
Typed at printed name of signor						

H18000131600 3



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LIGHTHOUSE FINANCE SOLUTIONS LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIGHTHOUSE FINANCE SOLUTIONS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAM THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6452392 8300

SR# 20183050736
You may verify this certificate online at corp.delaware.gov/authver.shtm!

Authentication: 202585919

Date: 04-26-18