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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 3 RIVERS BILLING, INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHRISTINE RORAFF
Name of Person
3 RIVERS BILLING, INC
Firm/Company
115 S WALNUT STREET
Address
LA CRESCENT MN 55947
City/State and Zip code
CRORAFF@3RIVERSBILLING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE RORAFF at (507) 895-9610
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified 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.

1. 3 RIVERS BILLING, 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. MINNESOTA

(State or country under the law of which it is incorporated)

3. 26-456350

(FEI number, if applicable)

4. 1/30/09

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 8/21/10

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 116 S WALNUT STREET LA CRESCENT MN 55947

(Principal office address)

PO BOX 233 LA CRESCENT MN 55947

(Current mailing address)

8. MEDICAL INSURANCE BILLING FOR 911 SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DAVID SULIK

Office Address: 5327 COMMERCIAL WAY B-105

SPRING HILL

(City)

Florida 34607-1499

(Zip code)

10. 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.

David A Sulik

(Registered agent's signature)

11. 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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHRISTINE RORAFF

Address: 31919 LANES VALLEY ROAD

LA CRESCENT MN 55947

Vice President: MICHELLE SCHERFF SULIK

Address: CEDARBURG WI 53012

CEDARBURG WI 53012

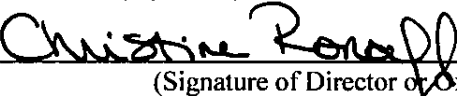
Secretary: _____

Address: _____

Treasurer: BRAD RORAFF

Address: 31919 LANES VALLEY ROAD LA CRESCENT MN 55947

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. CHRISTINE RORAFF, PRESIDENT
(Typed or printed name and capacity of person signing application)

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State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

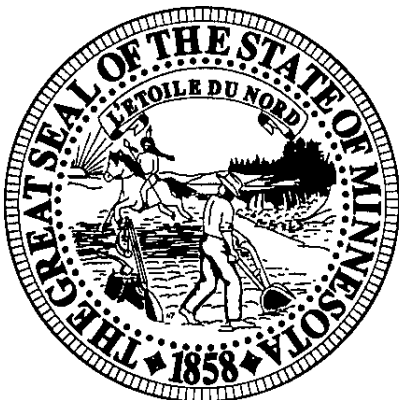
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: 3 RIVERS BILLING, INC.

Date Formed: 01/30/2009

Chapter Governed By: 302A

This certificate has been issued on 06/08/10.



Mark Ritchie
Secretary of State.

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