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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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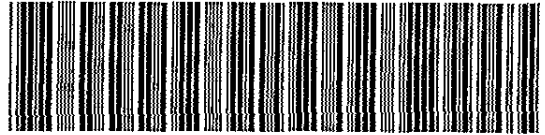
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 20 AM 11:11

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BETTER BUSINESS SYSTEMS, 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", 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:

MARK PRINE

(Name of Person)

BETTER BUSINESS SYSTEMS INC

(Firm/Company)

550 N. 31ST ST, SUITE 302

(Address)

BILLINGS MT 59101

(City/State and Zip code)

For further information concerning this matter, please call:

MARK PRINE

(Name of Person)

at (406) 255-7470

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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

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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. BETTER BUSINESS SYSTEMS, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

BETTER BUSINESS SYSTEMS OF MONTANA, INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MONTANA 3. 81-0509024
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5-16-96 5. PERPETUITY
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 550 N 31ST ST. SUITE 302, BILLINGS, MT 59101
(Principal office address)

SAME
(Current mailing address)

8. PROFESSIONAL EMPLOYMENT ORGANIZATION
(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 or Mail Drop Box NOT acceptable)

Name: CT CORPORATION

Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION Florida 33324
(City) (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.

See Attached
(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.

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

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A. DIRECTORS

Chairman: WILLIS CHRANS

Address: 2600 NOGALES WAY
GILLETTE, WY 82717

~~Vice Chairman~~ ^{DIRECTOR} ARTHUR L GEIGER

Address: 3406 WINCHELL
BILLINGS MT 59102

Director: STEVE BENTLEY

Address: 2308 CASCADE DR
GILLETTE, WY 82718

Director: KENNETH BALSTER

Address: 4455 TOYON DR
BILLINGS, MT 59102

B. OFFICERS

President: ARTHUR L GEIGER

Address: See Above

Vice President: WILLIS CHRANS

Address: See Above

Secretary: STEVE BENTLEY

Address: See Above

Treasurer: STEVE BENTLEY

Address: See Above

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

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

14. PRESIDENT, ARTHUR L GEIGER
(Typed or printed name and capacity of person signing application)

CT CORPORATION

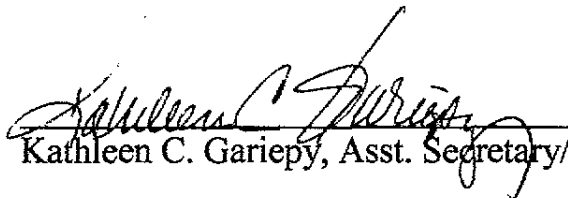
FLORIDA

Having been named as registered agent and to accept service of process for

Better Business Systems, Inc.

At the place designated in the attached Application, C T Corporation System hereby accepts the appointment as registered agent and to act in this capacity, it further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and accepts the obligation of its position as registered agent.

C T CORPORATION SYSTEM


Kathleen C. Gariepy, Asst. Secretary/slj

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SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, **Bob Brown**, Secretary of State of the State of Montana, do hereby certify that

BETTER BUSINESS SYSTEMS, INC.

duly filed its Articles of Incorporation in this office on **05/16/1996**, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation 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 corporation and my records indicate the corporation 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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **October 1, 2003**.



BOB BROWN
Secretary of State



Certified File Number: D-086847