

F04000001601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

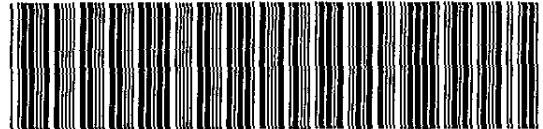
Special Instructions to Filing Officer:

Office Use Only

Patricia Kenney GAVE  
AUTHORIZATION BY PHONE TO

CORRECT name to be Barkette & Kenney  
DATE 3/24 @ 1:19 pm Construction Tax

DOC. EXAM J. Bryan



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2004 MAR 15 PM 1:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAR 25 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trilogy, 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:

Patricia M. Kenney  
(Name of Person)  
Trilogy, Inc.  
(Firm/Company)  
P.O. Box 550  
(Address)  
Belt, MT. 59412  
(City/State and Zip code)

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For further information concerning this matter, please call:

Patricia Kenney at (406) 738-4532  
(Name of Person) (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

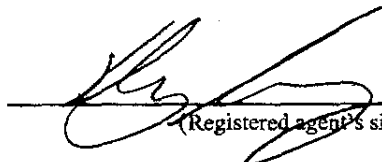
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

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. Trilogy, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- Barkett & Kenney Construction, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Montana 3. 81-0399666  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Sept 28, 1981 5. "Perpetual"  
(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. P.O. Box 330; 2 miles west of; Hardin, MT. 59034  
(Principal office address)
- P.O. Box 550; Belt, MT. 59412  
(Current mailing address)
8. General Contractor - Construction  
(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: Kirby Kenney
- Office Address: 551 Wall St.  
Vero Beach, Florida 32960  
(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.*

  
(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: Kirby Kenney

Address: 551 Wall St.

Vero Beach, FL 32960

Vice Chairman: Patricia M. Kenney

Address: P.O. Box 550

Belt, MT. 59412

Director: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Kirby Kenney

Address: 551 Wall St.

Vero Beach, FL 32960

Vice President: N/A

Address: \_\_\_\_\_

Secretary: Patricia M. Kenney

Address: P.O. Box 550; Belt, MT. 59412

Treasurer: Same as Secretary

Address: \_\_\_\_\_

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

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

14. Patricia M. Kenney - Sec./Treas.  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

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TALLAHASSEE, FLORIDA

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

**TRILOGY, INC.**

Duly filed its Articles of Incorporation in this office on **09/28/1981**, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of 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.

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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **March 4, 2004**.



*Bob Brown*

**BOB BROWN**  
Secretary of State

Certified File Number: **D-053401**