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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -3 PM 3:35

TRANSMITTAL LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** ArtsMarket, 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:

John F. Stevens, Chairman/CEO

(Name of Person)

ArtsMarket, Inc.

(Firm/Company)

1125 W. Kagy Blvd., Suite 100

(Address)

Bozeman, MT 59715

(City/State and Zip code)

For further information concerning this matter, please call:

John F. Stevens

(Name of Person)

at (406)

582-7466

(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

W04-29388

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 3, 2004

JOHN F. STEVENS, CHAIRMAN/CEO
ARTSMARKET, INC.
1125 W. KAGY BLVD., SUITE 100
BOZEMAN, MT 59715

SUBJECT: ARTSMARKET, INC.
Ref. Number: W04000029588

We have received your document for ARTSMARKET, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 004A00048368

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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. ArtsMarket, 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. Montana

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

3. 81-0526495

(FEI number, if applicable)

4. June 8, 1999

(Date of incorporation)

5. Perpetual

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

6. Haven't done business in Florida where registration was needed.

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

7. 1125 W. Kagy Blvd., Suite 100, Bozeman, MT 59715

(Principal office address)

Same As Above

(Current mailing address)

8. Research leading to a feasibility study for an outdoor performing arts facility at Maclay Gardens State Park.

(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: NRAI Services, Inc.Office Address: 526 E. Park AvenueTallahassee

(City)

Florida John F. Stevens

(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.

NRAI Services, Inc.

by: Lisa Rauer
(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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FROM : ArtsMarket

PHONE NO. : 4065827456

Jul. 30 2004 12:54PM P4

A. DIRECTORS

Chairman: John F. Stevens

Address: 662 Coffee Creek Road

Bozeman, MT 59715

Vice Chairman: Louise K. Stevens

Address: 662 Coffee Creek Road

Bozeman, MT 59715

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Louise K. Stevens

Address: 662 Coffee Creek Road

Bozeman, MT 59715

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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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. John F. Stevens, Chairman/CEO

(Typed or printed name and capacity of person signing application)

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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

ARTSMARKET, INC.

duly filed its Articles of Incorporation in this office on 8 June 1999, 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 28 July 2004.

Bob Brown

BOB BROWN
Secretary of State

Certified File Number: D099320

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