

FD60000053/5

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Big Sky Transportation Co.  
(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:

Sabrina Marshall

(Name of Person)

Big Sky Transportation Co.

(Firm/Company)

1601 Aviation Place

(Address)

Billings, MT 59105

(City/State and Zip code)

For further information concerning this matter, please call:

Sabrina Marshall

(Name of Person)

at ( 406 ) 247-3910

(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. Big Sky Transportation Co.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Big Sky Airlines  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Montana 3. 81-0387503  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1979 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Aug 7, 2006  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1601 Aviation Place, Billings, MT 59105  
(Principal office address)

same  
(Current mailing address)

8. Airline  
(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: See attached letter

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

\_\_\_\_\_, Florida \_\_\_\_\_  
(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 letter  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Jon Marchi

Address: 1601 Aviation Place  
Billings, MT 59105

Vice Chairman: \_\_\_\_\_

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

Director: Fred deLeeuw

Address: 1601 Aviation Place  
Billings, MT 59105

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Fred deLeeuw

Address: 1601 Aviation Place  
Billings, MT 59105

Vice President: Craig Denney

Address: 1601 Aviation Place  
Billings, MT 59105

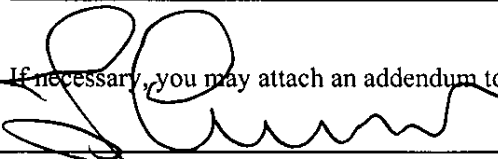
Secretary: Fred deLeeuw

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

Treasurer: Fred deLeeuw

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

**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. Fred deLeeuw President  
(Typed or printed name and capacity of person signing application)


**FLORIDA**

Big Sky Transportation Co.

**I, CT Corporation System consent to serve as Registered Agent in the State of Florida for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.**

**CT Corporation System**

Date: August 2, 2006

  
Lori D. Stuhlman  
Assistant Secretary

Name and Address of Florida State Registered Agent:

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Brad Johnson, Secretary of State of the State of Montana, do hereby certify that

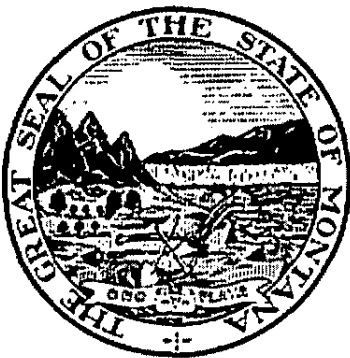
**BIG SKY TRANSPORTATION CO.**

duly filed its Articles of Incorporation in this office on 2 August 1979, 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 2 August 2006 .

BRAD JOHNSON  
Secretary of State

Certified File Number: D048853