F060000006210

(Requestor's Name)	100079965481			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	09/28/0681020005 **7			
(Document Number)				
Certified Copies Certificates of Status	 '			
Special Instructions to Filing Officer:	06 SEP 28 PM 3: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOC. EXAM	•			

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MR) - 8

**70.00

COVER LETTER

TO:	New Filing Sect Division of Corp		0			
SUBJ	ECT: $A/$	1 Sp/	Pain	ling	Inc	
~~~		(Nam	e of corpo	ration - must	include suffix	)
Dear S	ir or Madam:					
"Certif		," and check are				act Business in Florida," enced foreign corporation to
Please	return all corresp	ondence concern	ing this ma	atter to the fo	ollowing:	
	Norman	/ P	Hodg	25		
	Je or more			e of Person)		
	A// 5	5-1-1	9. n+1	119	The	
	<del></del>		(Firm	/Company)		
	925 5	Weether	1	PL		
	1		(/	Address)		
	Billing5	MI.	5	7106		
		/	(City/St	ate and Zip	code)	
For fur	rther information	concerning this n	natter, plea	ise call:		
Noll	MEN PX	ladges	at (40	6,6	56-66	689
	(Name of Perso	n) /	(A	rea Code &	Daytime Telep	hone Number)
	STREET/COU	RIER ADDRES	SS:		MAILING.	ADDRESS:
	New Filing Sect Division of Cor				New Filing S Division of G	
	Clifton Building				P.O. Box 63:	
	2661 Executive Tallahassee, FL	Center Circle			Tallahassee,	FL 32314
Enclos	ed is a check for	the following am	ount:			
\$70.	.00 Filing Fee	\$78.75 Filing Certificate		_	Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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

REGISTER A FOREIGN CORPORATION TO TRANSACT	BUSINESS IN THE STATE OF FLORIDA.
1. All Stal Painting Inc	
(Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
All Stal Painting + ROJ	1 Cooping Inc
(If name unavailable in Florida, enter alternate corporate name	
2. Montong (State or country under the law of which it is incorporated)  3.	84-1388774
	(FEI number, if applicable)
4. <u>97 3/25//997</u> 5.	(Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6	
	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
$\sim$	Billings, mt 59106
(Principal office add	
SAMI	
(Current mailing add	dress)
<i>A</i> /	
8. <u>fainting</u>	
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O.	O. Box NOT acceptable)
Name: Norman P Hodge.	SEP SEP
15/5/100	1 # 11 2 0 1
Pamano Back PL 3386	Plorida 33060
Pompano Bach, PL 3386 (City)	(Zip code)  (Zip code)  (Zip code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept serve	
	ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my po	osition as registered agent.
224	
JHT.	
(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:					
A. DIRECTORS					
Chairman: Norman Hadges					
Address: 25 SWIPTheart PC					
Billing5, MT 59106					
Vice Chairman:					
Address:					
·					
Director:					
Address:					
Director:					
Address:					
B. OFFICERS					
President: Norman P fodges					
Address: 225 SWrotheart FC					
Billings, MT 59106					
Vice President:					
Address:					
Secretary:					
Address:					
Treasurer:					
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. VIESIDENT VOYMAN FRONGES  (Typed or printed name and capacity of person signing application)					

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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

ALL STAR PAINTING INC.

duly filed its Articles of Incorporation in this office on 25 March 1997, 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 25 September 2006.

BRAD JOHNSON Secretary of State

Bred Johnson

Certified File Number: D090025