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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE DEC -1 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ECLIPSE ENGINEERING, 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 SLAYDEN

(Name of Person)

ECLIPSE ENGINEERING, INC.

(Firm/Company)

235 N. 1ST ST. WEST

(Address)

MISSOULA MT 59802

(City/State and Zip code)

For further information concerning this matter, please call:

MARK SLAYDEN

(Name of Person)

at (906) 721-5733

(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. ELLIPSE ENGINEERING, 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 3. 81-0519496
(State or country under the law of which it is incorporated) (FEI number, if applicable)

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

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

7. 235 N. 1ST ST. WEST, MISSOULA, MT 59802
(Principal office address)

SAME AS ABV.

(Current mailing address)

8. STRUCTURAL ENGINEERING CONSULTATION
(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

Office Address: DOCUMENT

_____, 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.

(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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TALLAHASSEE, FLORIDA

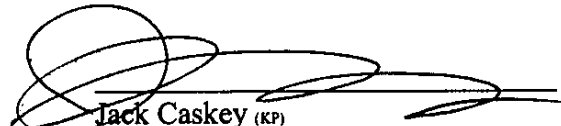
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA

Eclipse Engineering, Inc.

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 company; to forward mail to the company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

CT CORPORATION SYSTEM


Jack Caskey (KP)
Assistant Vice President

Date: November 20, 2006

Name and Address of Florida State Registered Agent:

CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TROY LEISTIKO

Address: 235 N. 1ST ST. WEST

MISSOULA, MT 59802

Vice President: ROLF ARMSTRONG

Address: 755 155 NE RIVER AVE. SUITE A

BEND, OR 97701

Secretary: MARK SLAYDEN

Address: 235 N. 1ST ST. WEST. MISSOULA, MT 59802

Treasurer: SAME AS SECRETARY

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. MARK D. SLAYDEN

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

STATE OF MONTANA

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TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

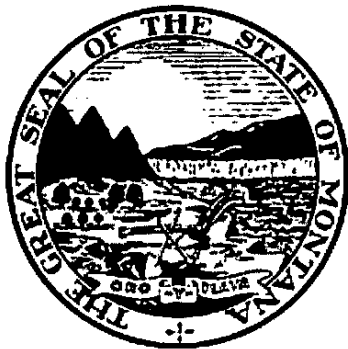
I, Brad Johnson, Secretary of State of the State of Montana, do hereby certify that
ECLIPSE ENGINEERING, INC.

duly filed its Articles of Incorporation in this office on 19 June 1998, 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 17 November 2006 .

BRAD JOHNSON
Secretary of State

Certified File Number: D095150