### 000169

### Florida Department of State Division of Corporations

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TQ:

Division of Corporations

Fax Number | (850) 617-6381

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Account Number : FCA800000023

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: (850)876-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION MTNT Development, Inc.

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4/8/2010

### **COVER LETTER**

TO: New Filing Sea	zion				
Division of Co.	rporations				
SUBJECT: MINT D				_	
	Name of corporation	- must include suffix			
Dear Sir or Madam:			1		
"Certificate of Existence	tion by Foreign Corporation for e," or "Certificate of Good Stan in corporation to transact busine	iding" and check are subm			
Please return all corresp	condence concerning this matter	to the following:			
Dorie Kluess					
<del></del>	Name of	Person			
CT Corporati	on System				
	Firm/Con	ipany			
520 Pike S	r., Suite 985			_	
<u> </u>	Addr	CSS			
Seattle, 1	NA 98101			_	•
		nd Zip code			
evelynni	blbblawyers.com		NA	_	
	E-mail address: (to be used	for future armusi report no	utication)	~ `	
For further information	concerning this matter, please of	all:		2010 APR	17.51
Dorie Kluess	206 at (	622-4511		APR	
Name of Perso		Code & Daytime Telephor	e Number	8	
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New Filing Sec Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	porations g Center Circle , 32301	MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	ion porations	AH 10: 02	
Enclosed is a check for  \$70.00 Filing Fee		1 \$78.75 Filing Fee & Cartified Copy	\$87.50 Filing Fee, Certificate of Statu Certified Copy	s &	

### 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.

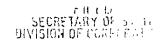
1	MTNT Develo	pment, inc.				
		corporation; must include "INCORPORATI corp," "Ina," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	•	
	(If name unavail	able in Florida, enter alternate corporate na	:De	adopted for the purpose of transacting business in Florida)	-	
2.	Alaska		3.	91-1768495		
_	•	under the law of which it is incorporated)	,	(PEI number, if applicable)	-	
4.	2/10/97		5.	Perpetual		
-	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	•	
6.	ا ممولات.	Dualification			_	
		(Date first transacted busines		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-	
	4000 Otherson		·	742, 2.3., to welcomine potenty manney,		
7.	1000 C Malley I	Rd., Ste 107 Anchorage, AK 99515 (Principal office a	dd	nts)	2010	アシ
	1000 O'Malley	Rd., Ste 107 Anchorage, AK 99515		,	NP	95
	1000 O Milato	(Current mailing )	zdd	ress)	- >>	프롤
					ထ	7.3
8.	Government Co				- =	근
	(Purpose(s	) of corporation authorized in home state or	ı oc	ountry to be carried out in state of Florida)	5	` • •
9.	Name and street	st address of Plorida registered agent: (	P,C	), Box <u>NOT</u> acceptable)	10: 02	
	Name:	C T Corporation System		<u></u>	Ç	
0	ffice Address:	1200 South Pine Island Road				
		Plantation		, Florida 33324		
		(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.

Dorie Kluess, Asst. Sec.
(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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### 12. Names and business addresses of officers and/or directors:

A. DIR	ECTORS
Chairman	
Address:	
Vice Cha	rmen:
Address:	
_	
Director:	Vicki Otte
Address:	PO Box 309 McGrath, AK 99627
Director:	Betty Magnuson
Address:	PO Box 309 McGrath, AK 99627
B. Offi	SEE ADDENDUM ICERS
President	Vicki Otte
Address:	PO Box 309 McGrath, AK 99627
Vice Pres	ident: Lewis Egrass
Address:	PO Box 309 McGrath, AK 99627
Secretary:	Betty Magnuson
	PO Box 309 McGrath, AK 99627
Treasurer:	Betty Magnuson
Address:	PO Box 309 McGrath, AK 99627
	SEE ADDENDUM
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.	ALLE TO THE PARTY OF THE PARTY
	(Signature of Director or Officer listed in number 12 of the application)
14	Vicki Otte, Chairman
	(Typed or printed name and capacity of person signing application)

### Addendam

MTNT Development, Inc.

Application by Foreign Corporation for Authorization to Transact Business in Florida

### 12. A. - DIRECTORS

Lewis Egrass PO Box 309 McGrath, AK 99627

Robert Magnuson, Jr. PO Box 309 McGrath, AK 99627

Melody Magnuson-Strick PO Box 309 McGrath, AK 99627

### 12. B. - OFFICERS

Chief Financial Officer:

Address:

Sandra M. Culver

1000 O'Malley Road, Suite 107 Anchorage, AK 99515-3083

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# Alaska Entity # ... State of Alaska Department of Commerce, Community, and Economic Development TIFICATE Alaska Properties of Alaska TIFICATE

## **GOOD STANDING**

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

### MTNT DEVELOPMENT, INC.

on the 10th day of February, 1997 filed in this office its Articles of Incorporation, as a Business Corporation organized under the laws of this state.

I FURTHER CERTIFY that said Business Corporation is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 6th day of April, 2010.

Amie Notte

Emil Notti Commissioner

Certification Number: 408843-1

Verify this certificate online at https://myaluska.state.ak.us/business/soskb/verify.asp