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FILED
2010 JUN 28 P 4: 16
DEPT. OF TREASURY
TALLAHASSEE, FLORIDA

JUN 29 2010
D.A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AVITUS, 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," or "Certificate of Good Standing" 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:

JOSH HALE

Name of Person

AVITUS INC

Firm/Company

PO BOX 81590

Address

BILLINGS, MT 59108

City/State and Zip code

JHALE@AVITUSGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSH HALE

Name of Person

at (406) 255-7470

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

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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. AVITUS, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AVITUS MT INC.

(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. 26-4486601

(FEI number, if applicable)

4. 03/10/2009

(Date of incorporation)

5. PERPETUAL

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

6. 01/01/10

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

7. 550 S. 24TH ST. W. STE. 201, BILLINGS MT 59102

(Principal office address)

PO BOX 81590, BILLINGS MT 59108

(Current mailing address)

8. PROFESSIONAL EMPLOYER ORGANIZATION; HUMAN RESOURCES OUTSOURCING

(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: 2731 EXECUTIVE PARK DR. STE. 4

WESTON

(City)

, Florida 33331

(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.



(Registered agent's signature) Cathi J. Wall, Asst. Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DONALD REILE

Address: 1059 GOVERNORS BLVD

BILLINGS, MT 59105

Director: KENNETH BALSTER

Address: 5241 ROCKY MTN BLVD

BILLINGS, MT 59106

B. OFFICERS

President: ARTHUR GEIGER

Address: 4356 RIDGEWOOD LANE SOUTH

BILLINGS, MT 59106

Vice President: WILLIS CHRANS

Address: PO BOX 1029, GILLETTE WY 82718

PO BOX 1029, GILLETTE WY 82718

Secretary: STEVEN BENTLEY

Address: 5140 CLAPPER FLAT RD, LAUREL MT 59044

Treasurer: STEVEN BENTLEY

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. STEVEN BENTLEY, SECRETARY

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

FILED

2013 JUN 28 P 4 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
STATE OF MONTANA

FILED

2010 JUN 28 PM 4:16

CERTIFICATE OF EXISTENCE

SECRETARY OF STATE
HELENA, MONTANA

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

AVITUS, INC.

duly filed its Articles of Incorporation in this office on 10 March 2009, 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 22 June 2010 .

Linda McCulloch

LINDA MCCULLOCH
Secretary of State

Certified File Number: D192936