

F11000001883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

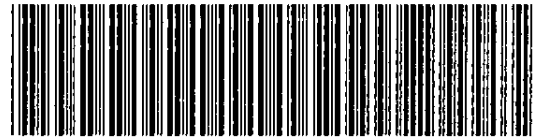
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800206969798

05/02/11--01058--009 **70.00

FILED
MAY -2 PM 2:45
STATE OF ARIZONA
TALLAHASSEE FL 32301

PS 5/3/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Allegiance COBRA Services, 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:

Roger Cowan

Name of Person

Allegiance COBRA Services, Inc.

Firm/Company

2806 South Garfield Street

Address

Missoula, MT 59801

City/State and Zip code

RCOWAN@ASKALLEGIANCE.COM

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

For further information concerning this matter, please call:

Roger Cowan

Name of Person

at (406) 721-2222

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. Allegiance COBRA Services, 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

(State or country under the law of which it is incorporated)

3. 71-0916514

(FEI number, if applicable)

4. DECEMBER 5, 2002

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 2806 SOUTH GARFIELD STREET, MISSOULA, MT 59801

(Principal office address)

2806 SOUTH GARFIELD STREET, MISSOULA, MT 59801

(Current mailing address)

8. All lawful business activities

(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: C T Corporation System

Office 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.

C T Corporation System

By: _____

(Registered agent's signature) Cameron Cullen, 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: Dirk C. Visser

Address: 2806 S. Garfield St.

Missoula, MT 59801

Vice Chairman: _____

Address: _____

Director: William S. Jameson

Address: 400 North Brand Blvd., Glendale, CA 91203

Director: Eric P. Palmer

Address: 900 Cottage Grove Rd., C5PRC, Hartford, CT 95152

B. OFFICERS

President: Ronald K. Dewsnup

Address: 2806 S. Garfield St.

Missoula, MT 59801

Vice President: Richard Daniels

Address: 2806 South Garfield St., Missoula, MT 59801

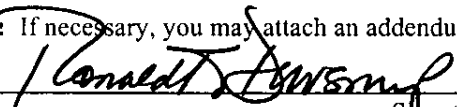
Secretary: Shermona Mapp

Address: Two Liberty 1601 Chestnut St. TL16F PHILADELPHIA PA 19192

Treasurer: Richard Daniels

Address: 2806 South Garfield St., Missoula, MT 59801

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Ronald K. Dewsnup, President and General Manager

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

FILED
MAY 2 PM 2 16
CLERK OF SUPERIOR COURT
MISSOULA, MT

SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, **LINDA McCULLOCH**, Secretary of State of the State of Montana, do hereby certify that

ALLEGIANCE COBRA SERVICES, INC.

duly filed its Articles of Incorporation in this office on **DECEMBER 5, 2002**, 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.

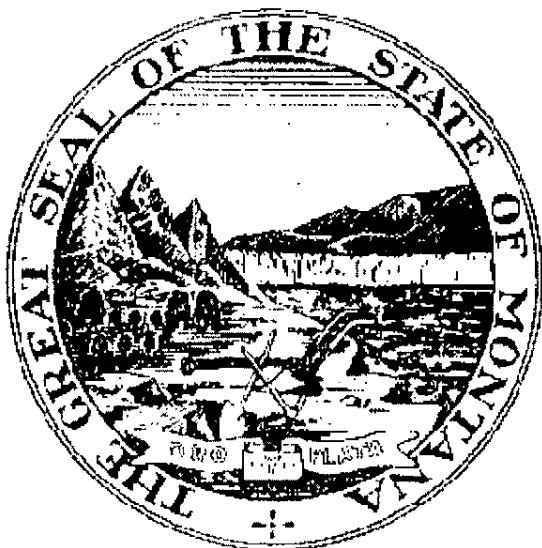
I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

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 **February 15, 2011**.



LINDA McCULLOCH
Secretary of State



Certified File Number: **D119825**

FILED
MAY -2 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA