

F1300001927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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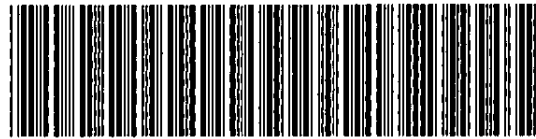
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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P. J. 12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 632769 7481365

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$70.00

ORDER DATE : May 1, 2013

ORDER TIME : 3:32 PM

ORDER NO. : 632769-025

CUSTOMER NO: 7481365

FOREIGN FILINGS

NAME: SEMONT TRAVEL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**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. Semont Travel, 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. 81-0467223

(FE) number, if applicable)

4. 10/24/1990

(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. 18 6th Street North, Great Falls, MT 59401

(Principal office address)

18 6th Street North, Great Falls, MT 59401

(Current mailing address)

8. Provide travel arrangements for military personnel stationed at Tyndall AFB

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

Sue G. Knight

Assistant Vice President

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. DIRECTORS**

Chairman: Justine Coleman

Address: 4420 N. Mesa

El Paso, TX 79902

Vice Chairman: Paul Coleman

Address: 4420 N. Mesa

El Paso, TX 79902

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Paul Coleman

Address: 4420 N. Mesa

El Paso, TX 79902

Vice President: Justine Coleman

Address: 4420 N. Mesa

El Paso, TX 79902

Secretary: Justine Coleman

Address: 4420 N. Mesa, El Paso, TX 79902

Treasurer: Justine Coleman

Address: 4420 N. Mesa, El Paso, TX 79902

**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. Paul Coleman, President

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

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# SECRETARY OF STATE

## STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

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

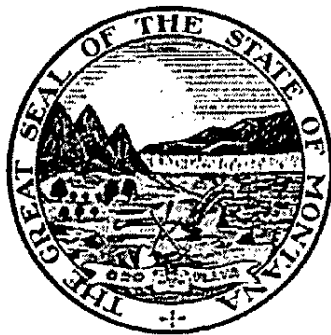
SEMONT TRAVEL INC.

duly filed its Articles of Incorporation in this office on 24 October 1990, 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 1 May 2013

LINDA MCCULLOCH  
Secretary of State

Certified File Number: D070366

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