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TALLAHASSEE, FLORIDA

NOV 20 2015

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Kestrel Engineering Group Incorporated

**SUBJECT:** \_\_\_\_\_  
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:  
Greg Kindt

\_\_\_\_\_  
Name of Person  
Kestrel Engineering Group Incorporated

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address  
PO Box 80726

\_\_\_\_\_  
City/State and Zip code  
Billings, MT 59108

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

For further information concerning this matter, please call:

Karl A. Graham                      406                      670-1071  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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

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TALLAHASSEE, FLORIDA

**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.*

Kestrel Engineering Group Incorporated

1. \_\_\_\_\_  
(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)  
Washington 45-2542770

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
June 15, 2011

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
August 1, 2015

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
9611 NE 117th Avenue, Suite 2840, Vancouver, WA 98662

7. \_\_\_\_\_  
(Principal office address)  
P.O. Box 80726, Billings, MT 59108  
\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607

(Zip code)

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**9. 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.*



Tom Glover/Manager/Northwest Registered Agent LLC

(Registered agent's signature)

10. 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.

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

**A. DIRECTORS**

Chairman: John Clairmont  
14200 NW 44th Court  
Address: Vancouver, WA 98685

Vice Chairman: Aaron Tag  
900 NE 126th St.  
Address: Vancouver, WA 98685

Director: Karl A. Graham  
1932 Highway 72  
Address: Bridger, MT 59014

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

**B. OFFICERS**

President: John Clairmont  
14200 NW 44th Court  
Address: Vancouver, WA 98685

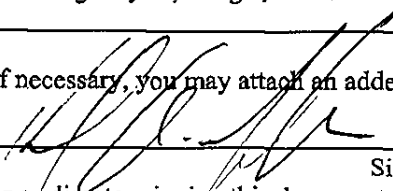
Vice President: Aaron Tag  
900 NE 126th St.  
Address: Vancouver, WA 98685

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

Treasurer: Karl A. Graham  
1932 Highway 72, Bridger, MT 59014  
Address: \_\_\_\_\_

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

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

Karl A. Graham, Treasurer  
13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION  
OF  
KESTREL ENGINEERING GROUP INCORPORATED**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit  
Corporation was formed under the laws of the State of WA and was issued a Certificate Of  
Incorporation in Washington on 6/15/2011.

I FURTHER CERTIFY that as of the date of this certificate, KESTREL ENGINEERING  
GROUP INCORPORATED remains active and has complied with the filing requirements of this  
office.

Date: September 16, 2015

UBI: 603-121-270

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NOV 19 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State