

F16000003785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

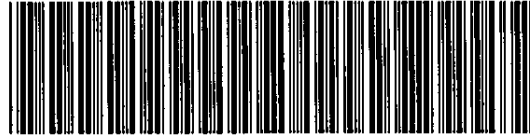
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓

W16000056245

Office Use Only



000288913980

08/11/16--01021--027 **78.75

FILED
16 AUG 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
HPS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2016

TODD PRIMROSE
107 TETON AVE
BOZEMAN, MT 59718

SUBJECT: ADMINISTRATE, INC.
Ref. Number: W16000056245

We have received your document for ADMINISTRATE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section

Letter Number: 516A00017114

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.

Administrative, Inc.

1.

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

Administrative (FL), Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware

81-1056825

2.

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

(FEI number, if applicable)

01/08/2016

4.

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

8/1/2016

6.

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

107 Teton Avenue, Bozeman, MT 59718

7.

(Principal office address)

(Current mailing address, if different)

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

, Florida

32301

(City)

(Zip code)

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.

Karin L. Dunn

(Registered agent's signature)

Karin L. Dunn, Assistant VP

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG 24 PM 3:53

FILED

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

A. DIRECTORS

Chairman: John J. Peebles
Address: 247 Timberland Avenue
Longwood, FL 32750

Vice Chairman: Patrick Flanagan
Address: 3 Haven Meadow Loop
Livingston, MT 59047

Director: Todd Primrose
Address: 107 Teton Avenue
Bozeman, MT 59718

Director: _____
Address: _____

B. OFFICERS

President: John J. Peebles
Address: 247 Timberland Avenue
Longwood, FL 32750

Vice President: _____
Address: _____

Secretary: Todd Primrose
Address: 107 Teton Avenue, Bozeman, MT 59718
Treasurer: Patrick Flanagan
Address: 3 Haven Meadow Loop, Livingston, MT 59047

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

12. [Signature]
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.

13. TODD PRIMROSE, SECRETARY
(Typed or printed name and capacity of person signing application)

FILED
16 AUG 24 PM 3:53
DEPT. OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Administrate, 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:

Todd Primrose

Name of Person

Administrate, Inc.

Firm/Company

107 Teton Avenue

Address

Bozeman, MT 59718

City/State and Zip code

twp@getadministrate.com

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

For further information concerning this matter, please call:

Todd Primrose

406

579-1137

at ()

Name of Person

Area Code

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

**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.*

Administrative, Inc.

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)

2. Delaware

3. 81-1056825

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

(FEI number, if applicable)

01/08/2016

4.

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

8/1/2016

6.

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

107 Teton Avenue, Bozeman, MT 59718

7.

(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

32301

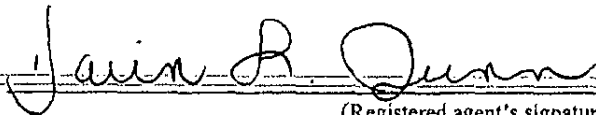
(City)

, Florida

(Zip code)

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.



(Registered agent's signature)

Karin L. Dunn, Assistant VP

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 J. Peebles
Address: 247 Timberland Avenue
Longwood, FL 32750

Vice Chairman: Patrick Flanagan
Address: 3 Haven Meadow Loop
Livingston, MT 59047

Director: Todd Primrose
Address: 107 Teton Avenue
Bozeman, MT 59718

Director: _____
Address: _____

B. OFFICERS


President: John J. Peebles
Address: 247 Timberland Avenue
Longwood, FL 32750

Vice President: _____
Address: _____

Secretary: Todd Primrose
Address: 107 Teton Avenue, Bozeman, MT 59718

Treasurer: Patrick Flanagan
Address: 3 Haven Meadow Loop, Livingston, MT 59047

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.

13. TODD PRIMROSE, SECRETARY
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADMINISTRATE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADMINISTRATE, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



5931100 8300

SR# 20165090052

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202726003

Date: 07-27-16