

F18000001410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

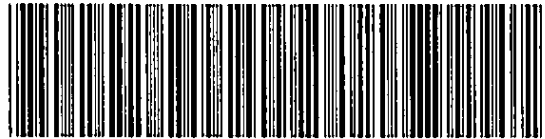
(Document Number)

Certified Copies _____ Certificates of Status _____

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Y SULKER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2018

LEGAL DEPARTMENT AVITUS GROUP
PO BOX 2506
BILLINGS, MT 59103

SUBJECT: AVITUS GROUP INSURANCE, INC.
Ref. Number: W18000016494

We have received your document for AVITUS GROUP INSURANCE, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 118A00003471

COVER LETTER

TO: Registration Section
Division of Corporations
Avitus Group Insurance, Inc.

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:
Legal Department

Avitus Group	Name of Person

PO Box 2506	Firm/Company
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Billings, MT 59103	Address
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City/State and Zip code

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

For further information concerning this matter, please call:

Diana Cox 406 255-7470
_____ 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.*

Avitus Group Insurance, 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)
Montana 82-1372362

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
04/25/2017

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
175 N. 27th St., Ste. 800, Billings, MT 59101

7. _____
(Principal office address)
PO Box 2506, Billings, MT 59103

(Current mailing address, if different)

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

Corporation Service Company
Name: _____
1201 Hays Street

Office Address: _____
Tallahassee 32301
_____, Florida _____
(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.

 3/22/2018

(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.

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

A. DIRECTORS

Willis J Chrans

Chairman: _____
175 N. 27th St., Ste. 800

Address: _____
Billings, MT 59101

Steven K. Bentley

Vice Chairman: _____
175 N. 27th St., Ste. 800

Address: _____
Billings, MT 59101

Donald P. Reile

Director: _____
175 N. 27th St., Ste. 800

Address: _____
Billings, MT 59101

Kenneth L. Balster

Director: _____
175 N. 27th St., Ste. 800

Address: _____
Billings, MT 59101

B. OFFICERS

Donald P. Reile

President: _____
175 N. 27th St., Ste. 800

Address: _____
Billings, MT 59101

Vice President: _____

Address: _____

Ross McLinden

Secretary: _____
175 N. 27th St., Ste. 800

Address: _____
175 N. 27th St., Ste. 800

Treasurer: _____
Billings MT 59101

Address: _____

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.

Ross McLinden, Secretary

13. _____

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

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CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

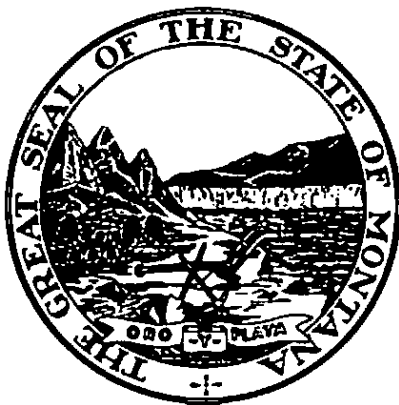
Avitus Group Insurance, Inc.

duly filed its Articles Of Incorporation for the domestic entity in this office on **April 25, 2017**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

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 9th day of February, 2018.

A handwritten signature in cursive script, appearing to read "Corey Stapleton".

COREY STAPLETON

Montana Secretary of State

Certificate Number: 020920180297