F18000002793

(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

800314385288

06/13/18--01012--013 **87.50

COVER LETTER

TO: Registration Section
Division of Corporations
Avitus Payroll Services, 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

_____
Name of Person

Avitus Group

_____
Firm/Company

PO Box 2506

_____
Address

Billings, MT 59103

_____
City/State and Zip code

legal@avitusgroup.com

_____
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.

1. Avitus Payroll 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. 26-0389830
(FEI number, if applicable)

4. 06/25/2007
(Date of incorporation)

5. Perpetual
(Date of duration, if other than perpetual)

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

7. 175 N. 27th St., Ste. 800, Billings, MT 59101
(Principal office address)

P.O. Box 2506, Billings, MT 59103
(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.

Holly Jones
Assistant Vice President
(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

Kenneth Balster
Chairman: _____
175 N. 27th St., Ste. 800
Address: _____
Billings, MT 59101

Steven Bentley
Vice Chairman: _____
175 N. 27th St., Ste. 800
Address: _____
Billings, MT 59101

Willis Chrans
Director: _____
175 N. 27th St., Ste. 800
Address: _____
Billings, MT 59101

Donald Reile, Director
Director: _____
175 N. 27th St., Ste. 800
Address: _____
Billings, MT 59101

B. OFFICERS

Kenneth Balster
President: _____
175 N. 27th St., Ste. 800
Address: _____
Billings, MT 59101

Willis Chrans
Vice President: _____
175 N. 27th St., Ste. 800
Address: _____
Billings, MT 59101

Donald Reile
Secretary: _____
175 N. 27th St., Ste. 800, Billings, MT 59101
Address: _____

Steven Bentley
Treasurer: _____
175 N. 27th St., Ste. 800, 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.

Donald Reile, Secretary
13. _____
(Typed or printed name and capacity of person signing application)

MONTANA SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

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

AVITUS PAYROLL SERVICES, INC.

duly filed its Articles Of Incorporation for the domestic entity in this office on **June 25, 2007,** 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.

The most recent annual report has been filed with this office.

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.

THE GREAT SEAL OF THE STATE OF MONTANA ORO Y PLATA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 26th day of April, 2018.

COREY STAPLETON
Montana Secretary of State
Certificate Number: 042620180874