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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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K. SALY SEP 21 2018

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Montana S	ilversmiths, Inc.				
300		Name of	corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence		of Good Stai	Authorization to Transanding" and check are subsess in Florida.		
	return all corresponder Parod, Controller	ondence concernin	g this matte	r to the following:		
			Name of	Person		
Monta	na Silversmiths, Inc	,				
РО Во	ox 839		Firm/Con	npany		
			Addr	ess		
Colum	ibus, MT 59019					
financ	e@montanasilversm	iths.com	City/State a	nd Zip code		
	<u> </u>	E-mail address:	(to be used	for future annual report	notification)	
For fu	rther information of	concerning this ma	tter, please	call:		
Debbie Parod		406 t (406-322-4555			
	Name of Person		Area Cod	Daytime Telep	phone 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		
Enclos	sed is a check for t	he following amou	int:			
☐ \$70	0.00 Filing Fee	□ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 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. Montana Silversmiths, 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. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1 Sterling Lane, Columbus, MT 59019 (Principal office address) PO Box 839, Columbus, MT 59019 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee 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.

authory & Many P (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. Nam	es and business addresses of officers and/or directors:	18 SEP 17 PH 2:55
A. DIRI	ECTORS	18 SEP 17 SH
Chairman	Drew Adams	,566Ressa . PH 2:55
Address:	Stone Creek Capital	TALLAHASSEE FLORIDA
	18500 Von Karman Avenue, Irvine, CA 92612	LUMUZ
Vice Chai	rman:	· · · · · · · · · · · · · · · · · · ·
Address:		
Director:	Joe Hayes	
	Diamond State Ventures III LP	
Tradition.	200 River Market Avenue, Suite 400, Little Rock Arkansas 72201-1766	
Director:	Bart Bergman	
Address:	MidStates Capital Fund III. L.P.	
	9401 Indian Creek Parkway, Suite 200, Overland Park, KS 66210	
B. OFF	Louis Riley	
	PO Box 839	
Address:	Columbus, MT 59019	
Vice Pres	ident:	
Secretary:	Peter Eckberg	
Address:	PO Box 839, Columbus, MT 59019	
	· · · · · · · · · · · · · · · · · · ·	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
12	Milin	
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affiliand that he or she is aware that false information submitted in a document to the egree felony as provided for in s.817.155, F.S.	
13		
	(Typed or printed name and capacity of person signing application	on)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MONTANA SILVERSMITHS, 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 THIRTY-FIRST DAY OF AUGUST, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONTANA SILVERSMITHS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF FEBRUARY, A.D. 1994.





Authentication: 203346223

Date: 08-31-18

2376556 8300 SR# 20186439774