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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

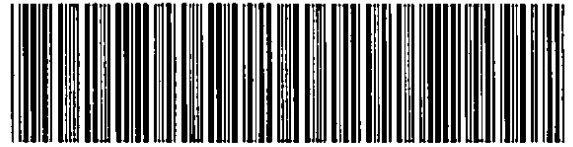
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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9/16/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hydrometrics, 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:

Michael R. Wignot

Name of Person

Hydrometrics, Inc.

Firm/Company

3020 Bozeman Avenue

Address

Helena, MT 59601

City/State and Zip code

hr@hydrometrics.com

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

For further information concerning this matter, please call:

Michael R. Wignot

at (406)

443-4150, Ext. 124

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Hydrometrics, 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 3. 43-1955615
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 3, 2002 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)

7. 3020 Bozeman Avenue, Helena, MT 59601
(Principal office street address)

(Current mailing address, if different)

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

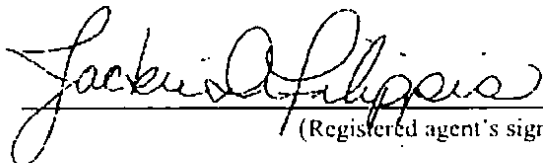
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.



(Registered agent's signature)

Jackie DeFilippis on behalf of InCorp Services, Inc.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

ATTACHMENT

11. Names, titles and addresses of primary officers and/or directors:

A. DIRECTORS

Director: Kris Adler

Address: 5602 Hesper Road, Billings, MT 59106

Director: Scott Mason

Address: 300 Learn Lane, Kalispell, MT 59901

Director: Greg Bryce

Address: 3020 Bozeman Avenue, Helena, MT 59601

Director: Mark Walker

Address: 3020 Bozeman Avenue, Helena, MT 59601

Director: Richard Labbe

Address: 51 Oscars Run, Manhattan, MT 59741

A. DIRECTORS

☒ Chairman Name: Michael R. Wignot
☐ Vice Chairman Address: 3020 Bozeman Avenue
☐ Director Helena, MT 59601
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Albert Hilty
☐ Vice Chairman Address: P.O. Box 452
☒ Director Camp Sherman, OR 97730
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

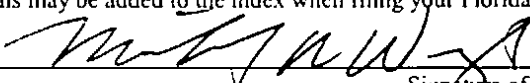
☐ Chairman Name: Mark Rhodes
☐ Vice Chairman Address: 3020 Bozeman Avenue
☒ Director Helena, MT 59601
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael J. Oelrich
☐ Vice Chairman Address: 3020 Bozeman Avenue
☒ Director Helena, MT 59601
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: John S. Dayton
☐ Vice Chairman Address: 3020 Bozeman Avenue
☒ Director Helena, MT 59601
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

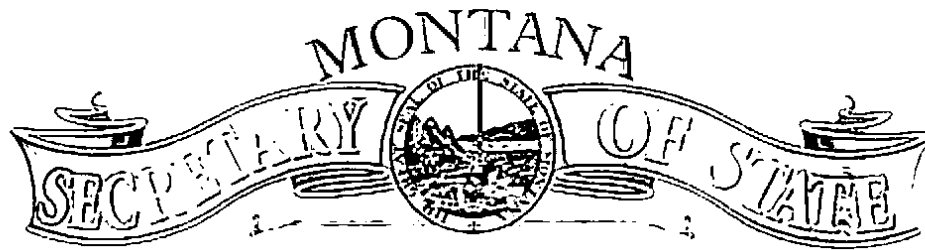
☐ Chairman Name: Greg Lorenson
☐ Vice Chairman Address: 3020 Bozeman Avenue
☒ Director Helena, MT 59601
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Michael R. Wignot, President/Chairman
(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE

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

HYDROMETRICS, INC.

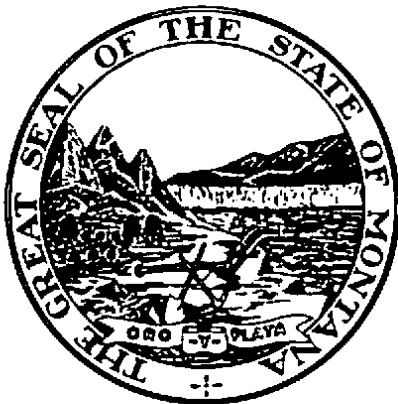
duly filed its Articles Of Incorporation for the domestic entity in this office on **April 03, 2002**, and on that date was authorized to transact business in this state for a term of Perpetual duration:

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.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 17th day of August, 2020.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 081720200318