Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Co Fax Number	: (850)617-6383
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA00000023
	Phone	: (614)280-3338
	Fax Number	: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION BILLGO MT, INC.

Certificate of Status0Certificd Copy0Page Count04Estimated Charge\$70.00

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IN COMPLIANC	E WITH SECTION 607.1503.	FLORIDA STATU	TES, THE FOLLOWING IS SU	JBMITTEI
BILLGO MT, 1	IREIGN CORPORATION TO	TRANSACT BUSIN	ESS IN THE STATE OF FLOR	RIDA.
I.	INC.			
(Enter name of c "Inc.," "Co.," "(	corporation; must include "INCO Corp," "Inc," "Co," or "Corp.")	RPORATED," "CON	MPANY," "CORPORATION,"	
(If name unavail DELAWARE	able in Florida, enter alternate co	orporate name adopted	d for the purpose of transacting but	siness in F
2	1	3. 85-	1588110	
(State or country under the law of which it is incorporated) (FEI number, if applicable)				
06/22/2020 4.	I	e		
	e of incorporation)	5	(Date of duration, if other than	nernetual'
	•		( · ···· •····, ·· •····	, perpetati
6	(Date first transac	ted business in Florid	a, if prior to registration)	
	(SEE SECTIONS 607.		S., to determine penalty liability)	
3003 E. Harmon 7. Fort Collins, CO	y Rd., 5th Floor,			
	00.20	(Principal offic	e address)	
3003 E. Harmon Fort Collins, CO	80528			
	;	(Current mailing addre	ess, if different)	Ā
				E
8. Name and stree	et address of Florida registere	d agent: (P.O. Box	NOT acceptable)	
	C T Corporation System			Ē p
Name:		<u></u>		17.
Office Address:	1200 South Pine Island Road			
Office Address:				1
Office Address:	Plantation,		33324	3
Onice Address:	Plantation, (City)	,	Florida	

To: 18506176383

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9. Registered agent's acceptance:

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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.

By:	C T Corporation System	Christine Kelm Assistant Secretary
	(Registered agent's signatur	e)

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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H. Nan	nes and business addresses of officers and/or directors:	
A. DIR	ECTORS	
Chairman	۲	
Vice Cha	rman:	
Director:	Michael Blazes	
	3003 E. Harmony Rd, 5th Floor Fort Collins, CO 80528	
Director	Scott Miller	
Director: Address:	3003 E. Harmony Rd, 5th Floor Fort Collins, CO 80528	
Director	: Kelly Seidl Address: 3003 E. Harmor y Rd, 5th Floor, Fort Collins, CO 80528	
B. OFF	Michael Blazes	
Address:	3003 E. Harmony Rd, 5th Floor Fort Collins, CO 80528	
Vice Presi	ident:	··
Address:		
Secretary:	Ryan Howe	
	3003 E. Harmony Rd, 5th Floor Fort Collins, CO 80528	
Treasurer:	·	
Address:		
	If necessary, you may attech at addendum to the application listing additional officers and/or directors.	
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number, 11 above) affirms that the facts stated here nd that he or she is aware that false information submitted in a document to the Department of State constitu- force felony as provided for in £.817.155, F.S.	
13. <u>Mi</u>	chael Blazes, President	
	(Typed or printed name and capacity of person signing application)	

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BILLGO MT, 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-FOURTH DAY OF NOVEMBER, A.D. 2020.

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



Juffrey W. Bullacia, Bercretary of State

Authentication: 204159810 Date: 11-24-20

3106660 8300 SR# 20208486988

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