

2/1/22, 4:06 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)573-3996
Fax Number : (954)208-0845

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2022 FEB -2 PM 4:06
SUNBIZ
TALLAHASSEE, FL

****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
CRI ADVANTAGE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2022 FEB -2 AM 8:08

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Corporate Filing Menu

Help

S. ROBERTS

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. CRI Advantage, Inc.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Idaho 3. 82-0424286
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/12/1988 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 04/26/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13125 Persimmon Lane Ste. 100, Boise, ID, 83713
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(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.

C T Corporation System

By: Christine Kelm Christine Kelm Assistant Secretary

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

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 SECRETARY OF STATE
 TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Monte Brookshier

☐ Vice Chairman Address: 13125 Persimmon Lane Ste. 100

☐ Director Boise, ID, 83713

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Linda Howard

☐ Vice Chairman Address: 13125 S Persimmon Lane Ste. 100

☐ Director Boise, ID 83713

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other External Advisor ☐ Other _____

☒ Chairman Name: Gary Brookshier

☐ Vice Chairman Address: 13125 Persimmon Lane Ste. 100

☐ Director Boise, ID, 83713

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Catherine Allen

☐ Vice Chairman Address: 13125 S Persimmon Lane Ste. 100

☐ Director Boise, ID 83713

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other External Advisor ☐ Other _____

☐ Chairman Name: Toby Tobaccowala

☐ Vice Chairman Address: 13125 Persimmon Lane Ste. 100

☐ Director Boise, ID 83713

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other External Advisor ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____


☐ 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. Monte Brookshier CEO/President
(Typed or printed name and capacity of person signing application)



STATE OF IDAHO

Lawrence Denney | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

January 11, 2022

Request Type: Certificate of Existence/Filing
Request #: 0004562110
Receipt #: 000597548

Issuance Date: 01/11/2022
Copies Requested: 0

Regarding: CRI ADVANTAGE, INC.
Filing Type: General Business Corporation (D)
Formation/Qualification Date: 10/12/1988
Status: Active-Good Standing
Duration Term: Perpetual

File #: 272864
Formation Locale: IDAHO
Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

CRI ADVANTAGE, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney
Idaho Secretary of State

Processed By: Business Division

Verification #: 015900016