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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

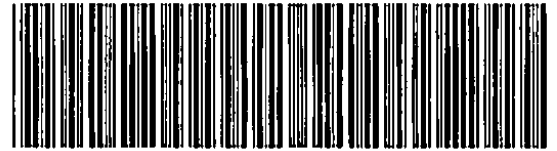
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Better Fix 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:  
Charles X Piasecki

_____	Name of Person
Better Fix Inc	
_____	Firm/Company
6114 42nd St Cir E	
_____	Address
Bradenton FL 34203	
_____	City/State and Zip code
betterfixmontana@icloud.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Charles X Piasecki	406	439-4110
_____	at ( _____ )	_____
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**

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status Certified Copy
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**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*

Better Fix Inc

1 Better Fix 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  
Montana, United States 834377861

2 Montana 3 834377861  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
01-01-2019

4 01-01-2019 5 01-01-2019  
(Date of incorporation) (Date of duration, if other than perpetual)

6 01-01-2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1511 N Washington Blvd Sarasota FL 34236

(Principal office street address)

(Current mailing address, if different)

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

Charles N Piszczek

Name:

6114 42nd St Cir E

Office Address:

Bradenton

, Florida

34203

(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 (1)  
designated in this application, I hereby accept the appointment as registered agent and agree to act in this ca  
further agree to comply with the provisions of all statutes relative to the proper and complete performance of  
and I am familiar with and accept the obligations of my position as registered agent.*

(Registered agent's signature)

10 Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this app  
the Department of State, by the Secretary of State or other official having custody of corporate records in the ju  
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]

**A. DIRECTORS**

Charles X Piasecki

☐ Chairman Name: \_\_\_\_\_  
6114 42nd St Cir E Bradenton FL 34203

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

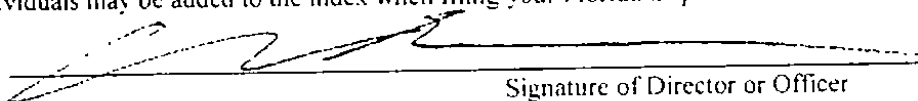
☐ Vice President \_\_\_\_\_

☐ 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-in individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.



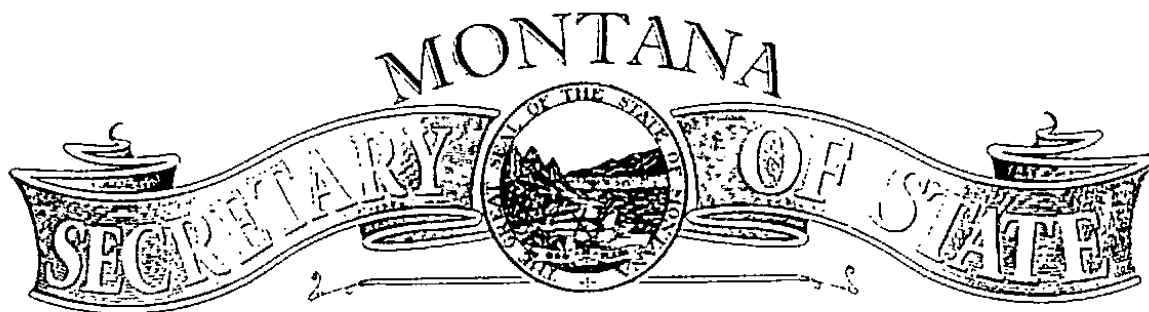
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided s.817.155, F.S.

Charles X Piasecki

13.

(Typed or printed name and capacity of person signing application)



## CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

### **Better Fix Inc**

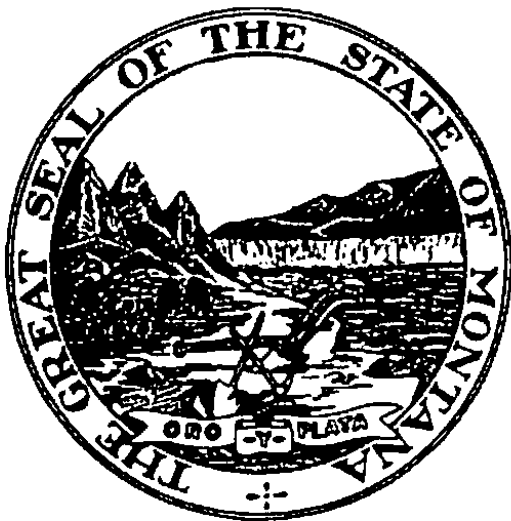
duly filed its **Articles of Incorporation for Domestic Profit Corporation** in this office on **April 11, 2019**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

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 the 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 the 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 4th day of June, 2022.

*Christi Jacobsen*

**Christi Jacobsen**  
Montana Secretary of State

Certificate Number: 26987335