

# F96000002748

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

000001831870  
-05/21/95--01052--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Montana International, 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", 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:

SARAH Kelly

(Name of Person)

Montana International, Inc.

(Firm/Company)

P.O. Box 6127

(Address)

Helena, MT 59604

(City, State and Zip Code)

W96-10960

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DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

SARAH Kelly

(Name of Person)

at (406) 442-5360

Area Code & Daytime Telephone Number

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 22, 1996

SARAH KELLY  
MONTANA INTERNATIONAL, INC.  
P.O. BOX 6127  
HELENA, MT 59604

SUBJECT: MONTANA INTERNATIONAL, INC.  
Ref. Number: W96000010960

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We have received your document for MONTANA INTERNATIONAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please list a better description of the corporation's purpose in Florida on line 8 of the application. "Insurance" is not sufficient.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Jennifer Sindt  
Document Examiner

Letter Number: 196A00025585

**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. Montana International, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Montana 3. 81-0479713  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/10/92 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. — upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. P.O. Box 6127  
Helena, MT 59604  
(Current mailing address)

8. Insurance (Independent Agency) (Self Insurance)  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: JAMES E. MCCUTCHEN

Office Address: 2010 N. GREENWAY DRIVE

CORAL GABLES, Florida, 33134  
(Zip Code)

10. 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.

James E. McCutcheon  
(Registered agent's signature)

11. 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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12. Names and addresses of officers and/or directors:

A. DIRECTORS

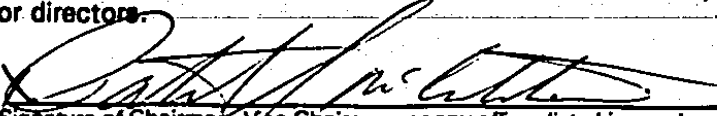
Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: Patrick S. McClutcheon  
Address: 7 Cloverview  
Helena, MT 59601  
Vice President: Terry Payne  
Address: 501 Patten Canyon Dr.  
Missoula, MT 59801  
Secretary: Colleen McClutcheon  
Address: 7 Cloverview  
Helena, MT 59601  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Patrick S. McClutcheon, President  
(Typed or printed name and capacity of person signing application)

**SECRETARY OF STATE  
STATE OF MONTANA**

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**CERTIFICATE OF EXISTENCE**

I, **Mike Cooney**, Secretary of State of the State of Montana, do hereby certify that

**MONTANA INTERNATIONAL, INC.**

duly filed its Articles of Incorporation in this office on **November 10, 1992**, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **May 15, A.D. 1996**.

*Mike Cooney*

**MIKE COONEY**  
Secretary of State

*by Rose Ann Crawford*

