

M160000007646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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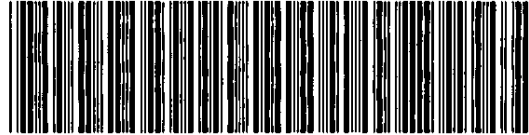
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16 SEP 26 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

SEP 27 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2016

LACEY SEXTON
100 E. VICTORY WAY
CRAIG, CO 81625

SUBJECT: MOUNTAIN WEST INSURANCE & FINANCIAL SERVICES, LLC
Ref. Number: W16000060508

2016 SEP 26 PM 4:55

We have received your document for MOUNTAIN WEST INSURANCE & FINANCIAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (850) 245-6051.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 616A00018620

RECEIVED
16 SEP 26 PM 4:55
DIVISION OF CORPORATIONS
INFORMATION SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mountain West Insurance & Financial Services, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Lacey Sexton

Name of Person

Mountain West Insurance & Financial Services, LLC

Firm/Company

100 E. Victory Way

Address

Craig, CO 81625

City/State and Zip Code

laceys@mtnwst.com

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

For further information concerning this matter, please call:

Lacey Sexton

at (970)

824-8185

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mountain West Insurance & Financial Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Colorado Mountain West Insurance & Financial Services, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")
2. Delaware 3. 472532916
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1209 Orange St. Wilmington, DE 19801

(Street Address of Principal Office)
6. 100 E. Victory Way Craig, CO 81625

(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: CT Corporation System
- Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 D. Martin
Asst. Vice President

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Darrell W. Camilletti

Manager

2419 E. Victory Way Craig, CO 81625

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Darrell W. Camilletti

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOUNTAIN WEST INSURANCE & FINANCIAL SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST, A.D. 2016.

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


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CLERK OF STATE
TALLAHASSEE, FLORIDA



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SR# 20165332434

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202848701

Date: 08-18-16