

MB000001866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

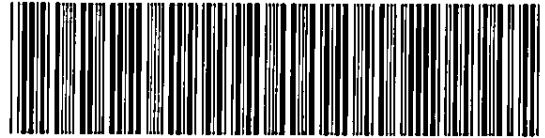
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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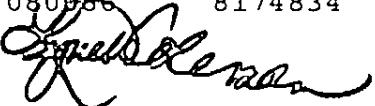
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2018 FEB 22 A 8:51 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2018 FEB 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/23/18 ds

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 080086 8174834
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : February 21, 2018
ORDER TIME : 11:47 AM
ORDER NO. : 080086-005
CUSTOMER NO: 8174834

FOREIGN FILINGS

NAME: CINIS GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CINIS Group, 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:

James J. Ash

Name of Person

CINIS Group, LLC

Firm/Company

1001 S. Main St., Suite 5203

Address

Kalispell, MT 59901

City/State and Zip Code

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

For further information concerning this matter, please call:

James J. Ash

276
at ()

617-1071

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

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TALLAHASSEE, FLORIDA

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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. CINIS Group, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "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. Montana 3. 81-4435142
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1001 S MAIN ST 6. _____
(Street Address of Principal Office) (Mailing Address)
STE 5203
KALISPELL MT 59901

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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.

By: Roxanne Turner
(Registered agent's signature)

2008
MAR 10 10 51 AM
TALLAHASSEE, FLORIDA
Roxanne Turner
Asst. Vice President

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	<u>James J. Ash</u> <u>1001 S. Main Street, Ste 5203</u> <u>Kalispell, MT 59901</u>	Manager	<u>Lora L. Ash</u> <u>1001 S. Main Street, Ste 5203</u> <u>Kalispell, MT 59901</u>
_____	_____	_____	_____
_____	_____	_____	_____

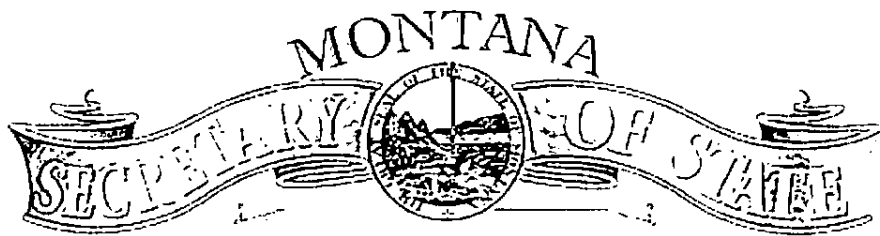
(Use attachments if necessary)

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)

10. 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.

James J. Ash
Signature of an authorized person

James J. Ash
Typed or printed name of signer



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

Cinis Group LLC

duly filed its Articles of Organization in this office on **December 08, 2016**, 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.

No articles of dissolution have been placed on record in this office by said limited liability company and the records indicate the limited liability company 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 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 9th day of February, 2018.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 020920180327



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HELENA, MONTANA