



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

 RECEIVED
 SECRETARY OF STATE
 CORPORATION DIV.
 2019 MAY 28 PM 12:56

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1 The name of the limited liability company is:

commonFont, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2 The LLC is organized under the laws of: Montana

3 The date of its organization is: November 29, 2013

And the period of its duration is: CHECK ONE BOX ONLY

☒ Perpetual (on-going)☐ Date certain for dissolution _____

4 The name and address of the resident agent/office in Rhode Island is:

Agent Name Joel Maxwell

Street Address (NOT a P.O. Box) 15 Westport Harbor Rd.

City/Town Little Compton

State RHODE ISLAND

Zip Code 02837

5 The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Technology services company

Check the box to indicate an attachment ☐

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

220 W Lamme St., Bozeman, MT 59715

8. The mailing address for the limited liability company is:

PO BOX 1830, Bozeman, MT 59771

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☒ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☐ By one (1) or more managers (List managers below)

MANAGER	ADDRESS

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☐ Date received (Upon filing)

☒ Later effective date (Date must be no more than 90 days from the date of filing) May 31, 2019

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC

commonFont, LLC

Date

May 23, 2019

Signature of Authorized Person

 Attorney William E. Fack



CERTIFICATE OF EXISTENCE

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

COMMONFONT, LLC

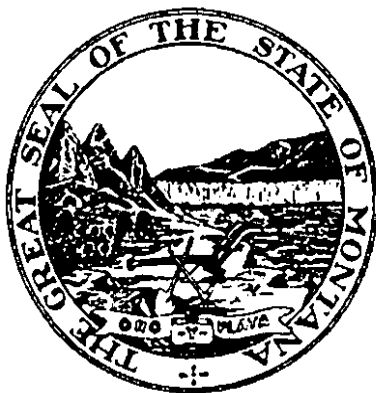
duly filed its Articles of Organization in this office on **November 29, 2013**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

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 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 23rd day of May, 2019.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 052320190981

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CERTIFICATE OF FACT

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify the following information for the limited liability company:

COMMONFONT, LLC

Date Organized: **November 29, 2013**

Term: **Perpetual**

Status: **Active Good Standing**

Jurisdiction: **Montana**

Purpose: **NONE STATED**

Registered Agent: **CROMWELL LAW PLLC**

Agent Physical Address: **1700 W KOCH STE 6, BOZEMAN, Montana, 59715, United States**

Agent Mailing Address: **PO BOX 6692, BOZEMAN, Montana, 59771, United States**

Principal Office Address: **PO BOX 1830, BOZEMAN, Montana, 59771, United States**

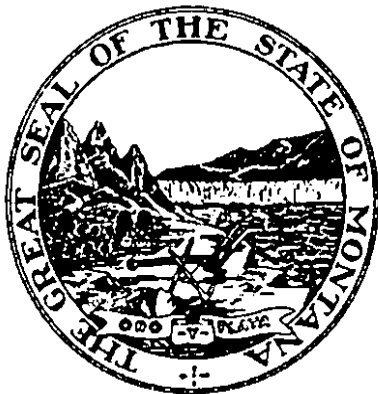
Management: **LLC Managed By Members**

Managers/Members:

- **MATTHEW FULTON, PO BOX 1830, BOZEMAN, Montana 59771, United States**
- **ABBY SCHLATTER, PO BOX 1830, BOZEMAN, Montana 59771, United States**

History Detail:

- Annual Report 2019 Filed 02/28/2019
- Annual Report 2018 Filed 04/11/2018 (Agent,Business Address,Principal,Member/Manager)
- Annual Report 2017 Filed 04/11/2017
- Statement of Change of Noncommercial Registered Agent By Agent Filed 09/27/2016
- Confirm Receipt Of Registered Agent Authority Filed 09/19/2016
- Migrated Business Entity Data Filed 08/20/2016
- ARTICLES OF ORGANIZATION Filed 11/29/2013
- REPORT Filed 04/15/2014 (- 2014 E-FILED)
- REPORT Filed 04/14/2015 (- 2015 E-FILED)
- REPORT Filed 04/14/2015 (REGISTERED AGENT ADDRESS)
- REPORT Filed 04/11/2016 (- 2016 E-FILED)



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 23rd day of May, 2019.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 052320191981



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 28, 2019 12:56 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

