

# F25000000482

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

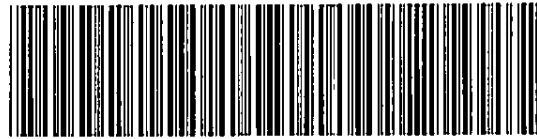
\_\_\_\_\_  
(Business Entity Name)

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

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

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TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 02/18/2025

Name: Ovidshel Ocean Jr.

Reference #: 2659074

Entity Name: BENEFIS HEALTH SYSTEM, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$70.00

Signature: *O. Ocean Jr.*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Benefis Health System, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Aaron Radonich

Name of Person

Benefis Health System, Inc.

Firm/Company

1101 26th St S

Address

Great Falls, MT 59405

City/State and Zip Code

tanawebb@benefis.org

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

For further information concerning this matter, please call:

Aaron Radonich

Name of Person

at ( 406 )

Area Code

455-2557

Daytime Telephone Number

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee


☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. Benefis Health System, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Montana 3. 26-3538104  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/16/2008 5. 1/1/2025  
(Date of Incorporation) (Date of duration, if other than perpetual)
6. 1/1/2025  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1101 26th St S, Great Falls, MT 59405  
(Principal office street address)  
  
1101 26th St S, Great Falls, MT 59405  
(Current mailing address, if different)
8. Operation of a Health System in Montana. Florida registration is for an IT employee living in Florida.  
(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: (P.O. Box **NOT** acceptable)
- Name: Cogency Global Inc.  
Office Address: 115 North Calhoun Street, Suite 4  
Tallahassee, Florida 32301  
(City) (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.*
-   
(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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STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
25 FEB 18 AM 9:29

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: John Goodnow  
☐ Vice Chairman Address: 1101 26th St S  
☒ Director Great Falls, MT 59405  
☐ President CEO  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Bruce Houlihan  
☐ Vice Chairman Address: 1101 26th St S  
☒ Director Great Falls, MT 59405  
☐ President CFO  
☐ 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: \_\_\_\_\_

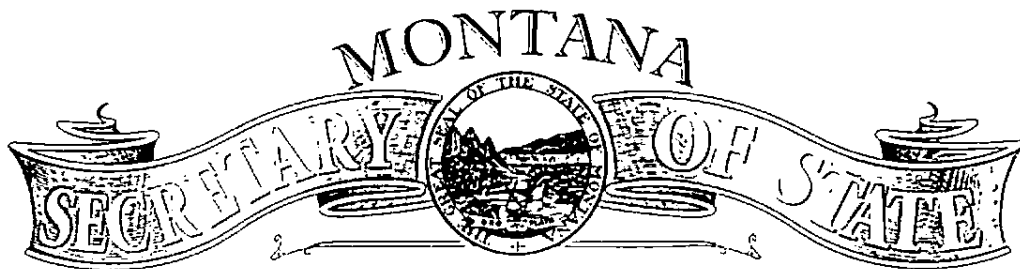
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Bruce Houlihan SVP and System CFO  
(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:

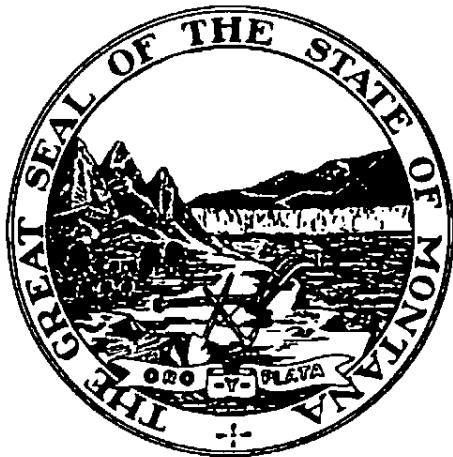
### **BENEFIS HEALTH SYSTEM, INC**

duly filed its **Articles of Incorporation for Domestic Nonprofit Corporation** in this office on **July 16, 2008**, 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 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 18th day of February, 2025.

*Christi Jacobsen*

**Christi Jacobsen**  
Montana Secretary of State

Certificate Number: 66948534