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K.SALY EXAMINER MAR 11



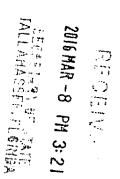
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2016

DAMITA DAVIS WREN DAVISWREN CPA & ASSOCIATES, INC. P.O. BOX 2754 VALRICO, FL 33527

SUBJECT: ROCK ISLAND ECONOMIC GROWTH CORPORATION

Ref. Number: W16000012567



We have received your document for ROCK ISLAND ECONOMIC GROWTH CORPORATION and your check(s) totaling \$87.50. 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.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00003500



March 7, 2016

Florida Department of State Division of Corporations 2661 Executive Center Circle W. Attn: New Filings Tallahassee, FL 32301

RE: ROCK ISLAND ECONOMIC GROWTH CORPORATION Re: W16000012567

Please find enclosed your correspondence dated 2/19/2016 indicating you need the original Certificate of Good Standing from the State where Rock Island Economic Growth Corporation was originally incorporated. Also attached is the "downloaded" original Certificate of Good Standing dated 2/25/2016. You indicated photo copies are not acceptable.

Please note in the bottom left hand corner, the authentication number as well as the website to authenticate: <a href="http://www.cyberdriveillingis.com">http://www.cyberdriveillingis.com</a>.

Time is of the essence as we need to have this new filing consummated no later than March 10, 2016. Please call me at 813-681-4488x101 if you have any questions.

Thank you,

Damita Davis Wren

Registered Agent

#### **COVER LETTER**

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SUBJEC'	ROCK	ISLAND ECONOMIC GROW	TH CORPOR	RATION	
SCDSEC.	I 1	Name of Corporatio	n – must inc	lude suffix	<del> </del>
Dear Sir or	Madam:				
Affairs in I	florida", "Ce	ion by Foreign Not for Profit rtificate of Existence", or "Conceded not for profit corporations."	ertificate of	Status" and chec	k are submitted to
Please retu	rn all corresp	condence concerning this mat	ter to the fo	llowing:	
	DAMIT.	A DAVIS WREN			
		Name of	Person		
	DAVIS	WREN CPA & ASSOCIATES,	INC		
		Firm/C	ompany		
	P.O. BO				
		Add	ress		
	VALRIO	CO, FL 33527			
		City/State a	nd Zip Code		
	DAMITA	A@TEAMROCKISLAND.CO	А	,	
	E-n	nail address: (to be used for f	uture annua	report notificat	ion)
For further	r information	concerning this matter, pleas	se call:		
DAMITA	WREN	at (	813	681-4488X101	
	Name	7 Ps	Area Code	Daytime Tele	phone Number
Ro Di P.	AILING AE egistration Se vision of Co O. Box 6327 Illahassee, FI	ction rporations		STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g c Center Circle
Enclosed i	s a check for	the following amount:			•
\$70.00	Filing Fee	☐\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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

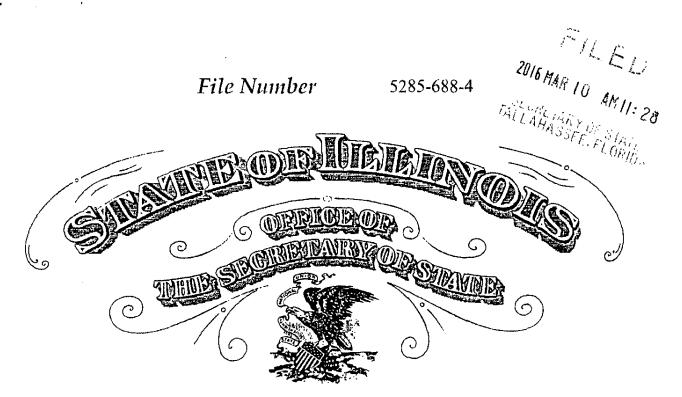
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  [ILLINOIS 3, 36-3267851]  [State or country under the law of which it is incorporated)	import in langua in the name at pr	ge as will clearly indicate that it is resent, "Company" or "Co." may no	ORPORATED" or "CORPORATION" or words or abbre a corporation instead of a natural person or partnership if i ot be used as a corporate suffix by a nonprofit corporation.	not so contained
[State or country under the law of which it is incorporated]  [State or country under the law of which it is incorporated]  [Object of Incorporation]  [Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  [Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  [Principal office address]  [Current mailing address, if different]  [Current mailing address, if different]  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  [Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  [P				
(State or country under the law of which it is incorporated)  (Ostate of country under the law of which it is incorporated)  (Ostate of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (EFFECTIVE DATE 02/15/2015  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  (Current mailing address.)  (Current mailing address.)  (Current mailing address.)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida.)  (Purpose(s) of Current mailing address.)  (Portice Address.)  (Portice Address.)  (Portice Address.)  (Portice Address.)  (	(If name unava	ilable in Florida, enter alternate con	rporate name adopted for the purpose of transacting busine	ss in Florida)
(Date of Incorporation)  (Date of Incorporation, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  (Principal office address)  (Current mailing address, if different)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s)	<u>2</u> .		3.	
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(Current mailing address, if different)  See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  (Current mailing address, if different)  (Current mailing address, if different)  Senhance the image of the community through housing and economic development.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name:  DAVISWREN CPA & ASSOCIATES, INC  DAVISWREN CPA & ASSOCIATES, INC  10150 HIGHLAND MANOR DR SUITE 200  TAMPA  (City)  TAMPA  Thorida  (City)  Tampa  (City)  Torida  Torida  Tampa  (City)  Torida	ł.			
(Current mailing address)  (Current mailing address, if different)  (Current mailing address, if different)  (Current mailing address)  (Current mailing address, if different)  (Current mailing address)  (Current mailing address, if different)  (Current mailing address, if different)  (Current mailing address, if different)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida  (City) (City) (Zip Code)  (City) (Zip Code)  (City) (Zip Code)  (City) (Zip Code)  (City) (Zip Co	(D	ate of Incorporation)	(Date of duration, if other than pe	rpetual)
(Current mailing address, if different)  Sentance the image of the community through Housing and Economic Development.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  DAVISWREN CPA & ASSOCIATES, INC  Office Address:  10150 HIGHLAND MANOR DR SUITE 200  TAMPA  (City)  TAMPA  (City)  (City)  (Cip 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.  Limita Value Val	٦.			
(Current mailing address, if different)  3. ENHANCE THE IMAGE OF THE COMMUNITY THROUGH HOUSING AND ECONOMIC DEVELOPMENT.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (Purpose(s) of corporation authorized in home state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  (City)  (City)  (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.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	(Date first condu	acted affairs in Florida if prior to reg	istration. See sections 617.1501 & 617.1502, F.S, to determi	ne penalty liability.)
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: DAVISWREN CPA & ASSOCIATES, INC  Office Address: 10150 HIGHLAND MANOR DR SUITE 200  TAMPA , Florida 33610  (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.				
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TAMPA  (City)	). Name and stre	eet address of Florida registered	d agent: (P.O. Box NOT acceptable)	25 T
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(City), Florida 33610  (City), Florida 33610  (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.		DAVISWREN CPA & ASSOCIA	ATES, INC	
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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.  Amuta Osvia May be Osvia May Chay Assoc Irc.	Name: Office Address: 10. Registered	10150 HIGHLAND MANOR DI TAMPA (City)  agent's acceptance:	R SUITE 200  , Florida 33610 (Zip Code)	27 210
Vainta Vavia She be Vavia She CPA & Assoc Inc	Name: Office Address:  10. Registered Having been na designated in th	10150 HIGHLAND MANOR DI TAMPA  (City)  agent's acceptance: imed as registered agent and to	R SUITE 200 , Florida 33610  (Zip Code)  accept service of process for the above stated corp. the appointment as registered agent and agree to a	oration at the place
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	Name: Office Address:  10. Registered Having been na designated in th further agree to	10150 HIGHLAND MANOR DI TAMPA  (City)  agent's acceptance: imed as registered agent and to is application, I hereby accept comply with the provisions of	R SUITE 200 , Florida 33610  (Zip Code)  accept service of process for the above stated corp the appointment as registered agent and agree to a fall statutes relative to the proper and complete per	oration at the place

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.

12. Names and addresses of officers and/or directors	FILED
A. DIRECTORS	2016 HAR 10
JAN MASAMOTO Chairman:	2016 MAR 10 AMII: 2
100 19TH ST SUITE 109 Address:	TACTAHASSEE OF STAFE
ROCK ISLAND, IL 61201	
DARYL EMPEN Vice Chairman:	The state of the s
100 19TH ST SUITE 109 Address:	
ROCK ISLAND, IL 61201	
STEVE OLLENBURG Director:	
100 19TH ST SUITE 109 Address:	
ROCK ISLAND, IL 61201	
PHYLLIS SCHWINDT Director:	
100 19TH ST SUITE 109 Address:	
ROCK ISLAND, IL 61201	
B. OFFICERS  President:  JAN MASAMOTO	
100 19TH ST SUITE 109 Address:	
ROCK ISLAND, IL 61201	
OARYL EMPEN Vice President:	
100 19TH ST SUITE 109 Address:	
ROCK ISLAND, IL 61201	
PHYLLIS SCHWINDT Secretary:	
100 19TH ST SUITE 109 ROCK ISLAND, IL 61201 Address:	
STEVE OLLENBURG Treasurer:	
100 19TH ST SUITE 109 ROCK ISLAND, IL 61201 Address:	
NOTE: If necessary, you may attach an addendum to the application list	ing additional officers and/or directors.
13. Chicken Signature of Chairman, Vice Chairman, or any officer listed in	in number 12 of the application)
JAN MASAMOTO	in number 12 of the application)

(Typed or printed name and capacity of person signing application)



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ROCK ISLAND ECONOMIC GROWTH CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 24, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of FEBRUARY A.D. 2016.

Authentication #: 1605602706 verifiable until 02/25/2017 Authenticate at: http://www.cyberdrivellilnois.com Desse White

SECRETARY OF STATE