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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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J. HARRIS

COVER LETTER

SUBJECT:	ROSMAN AD	TUSTMENT	CORPORATION		
			t include suffix		
Dear Sir or Madam:					
"Certificate of Existe	eation by Foreign Corporation nce," or "Certificate of Good eign corporation to transact b	d Standing"	and check are sub		
Please return all corre	espondence concerning this	matter !o the	following:		
	JERKY	BERNAY			
	Nar	ne of Persor	1		
	ROSMAN	ADJUSTME	AT COKPORATION		
	Firm	/Company			
	Po	BOX 125	フ		
		Address	·		
	SArilb	er, FL	33957		
		tate and Zip			
	JESTHAYE	ROSMAN. C	(مره		
	E-mail address: (to be	used for fut	ure annual report i	notification)	
For further information	on concerning this matter, pl	ease call:			
JEKRY BERN	rav . C	N-,	571. 37VC		
Name of Per	son Are	7 /)	571. 3245 Daytime Telep	hone Number	
rame of rei	71100	Code	Daytime relep	none rumber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for	or the following amount:				
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2016

JERRY BERNAY PO BOX 1287 SANIBEL, FL 33957

SUBJECT: ROSMAN ADJUSTMENT CORP.

Ref. Number: W16000061881

2016 DEC 19 PM 3: 51: SEGRETARY OF STATE TAILLAHASSEE, FLORIDA

We have received your document for ROSMAN ADJUSTMENT CORP. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.



Unfortunately, the enclosed certified copy does not meet our filing réquirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Certificate submitted is a Certified Copy of the filing, not the Certificate of Good Standing. Attached is an example of the Certificate of Good Standing that must be submitted.,

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00019164

16年619 新出:0



October 18, 2016

JERRY BERNAY PO BOX 1287 SANIBEL, FL 33957

SUBJECT: ROSMAN ADJUSTMENT CORP.

Ref. Number: W16000061881

We have received your document for ROSMAN ADJUSTMENT CORP. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00019164



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2016

JERRY BERNAY PO BOX 1287 SANIBEL, FL 33957

SUBJECT: ROSMAN ADJUSTMENT CORP.

Ref. Number: W16000061881



We have received your document for ROSMAN ADJUSTMENT CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The name listed in number one of the application must be identical to the name — coard or listed in the certificate of existence.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00019164

16 DEC 19 ARTION

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Rosman Adjusti 1. (Enter name of c "Inc.," "Co.," "C	ment Corp. orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting busines	s in Florida)
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
	of incorporation)	(Date of duration, if other than perp	etual)
619 Academy Dr	(Date first transacted business in Florest (SEE SECTIONS 607.1501 & 607.1502), Northbrook, IL 60062	orida, if prior to registration) F.S., to determine penalty liability)	
(Principal office address)			16
PO Box 1287, Sanibel. FL 33957			<u> </u>
	(Current mailing a	ddress, if different)	C19 ANH:
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Jerry Bernay Name:			
Office Address:	1456 Periwinkle Way, Suite C	_	60
	Sanibel	33957 , Florida	
	(City)	(Zip code)	

9. 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)

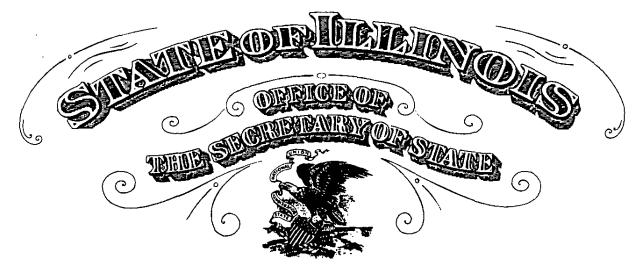
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIREC	TORS		
Chairman: _	JERRY BERNAY		
Address:	1456 PERIWHKES WAY		
	SANIBEL FL 33957		
Vice Chairm	an:		
Address:			
Director:			
Address:			
Director:			
Address:			
_			
B. OFFIC	ERS		
President: _	JERRY BERNAT		
Address:	1456 PERIMINACE WAY		
_	SAMBEL, FL)3957		
Vice Preside	nt:		
Address:		<u></u>	
_		<u></u>	7 1.
Secretary: _		- 	<u> 유명과</u> 122년
Address:		<u> </u>	<u> </u>
Treasurer: _		_ =	
Address:		- స	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.	
12	Signature of Director or Officer		
The officer are true and	or director signing this document (and who is listed in number 11 above) affirms that the fact that he or she is aware that false information submitted in a document to the Department of fee felony as provided for in s.817.155, F.S.	ts stated l State con	herein stitutes
13	JERRY BELWAY - PRESIDENT		

File Number

2150-944-2



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

ROSMAN ADJUSTMENT CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 29, 1931, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, 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 16TH day of DECEMBER A.D. 2016.

Authentication #: 1635101846 verifiable until 12/16/2017 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE