# F12000001950

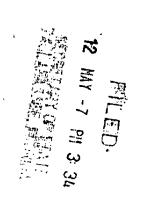
(Requ	estor's Name	)		
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Fil	ing Officer:			
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## **COVER LETTER**

	ion of Cor					
SUBJECT:	Ross	& Associates				in, Limited
		Name of c	orporatio	on - must incl	ude suffix	
Dear Sir or M	adam:					
"Certificate o	f Existence	on by Foreign Corpo e," or "Certificate of n corporation to trans	Good Sta	anding" and o	heck are subm	Business in Florida," itted to register the
Please return	all corresp	ondence concerning	this matt	er to the follo	owing:	
Daniel Ro	oss					
			Name o	of Person		
Ross & A	Associa	ates of River F	Falls,	Wiscons	in, Limite	d
	_		Firm/Co	mpany		
246 Sun	nmit		<del></del>			
			Add	dress		
River Fal	ls, WI					
			ity/State	and Zip code	2	
dross@ro	sscm.cc	om E-mail address: (t	o he used	d for future a	anual report no	stification)
		·			muai report ne	orneation)
For further in	formation	concerning this matte	er, please	e call:		
Daniel Ro	oss	at	, 715	<sub>)</sub> 425-9	011	
Nam	e of Persoi		`		ytime Telepho	ne Number
New Divis Clifto 2661	Filing Section of Cor on Building	porations 3 Center Circle		N E F	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Callahassee, FL	tion porations
Enclosed is a	check for	the following amoun	t:			
<b>□\$</b> 70.00 F	iling Fee	\$78.75 Filing For Certificate of S	ee &   tatus	\$78.75 Fi Certified	ling Fee & Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



March 30, 2012

<u>ن</u> '

DANIEL ROSS 246 SUMMIT RIVER FALLS, WI 54022

SUBJECT: ROSS & ASSOCIATES OF RIVER FALLS, WISCONSIN, LIMITED

Ref. Number: W12000018047

We have received your document for ROSS & ASSOCIATES OF RIVER FALLS, WISCONSIN, LIMITED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 912A00010675

# 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

(If name unavai	lable in Florida, enter alternate comorate n	ame adopted for the purpose of transacting business	in Florida)	
			,	
2. Wisconsin (State or country	under the law of which it is incorporated)	39-1653837 (FEI number, if applicable)		
4. 02/24/1989	• •	5. Perpetual		
	e of incorporation)	(Duration: Year corp. will cease to exist or ";	perpetual")	
6. 05/01/2012			12 to 12	<u> </u>
o. <u>so.ozo.z</u>	(Date first transacted busine	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	Section 1	Z WY
<sub>7,</sub> 246 Summ	it, River Falls, WI 54022		100	-
	(Principal office	address)	1995 - 1995 1995 - 1995	7
246 Summ	nit, River Falls, WI 54022			3
	(Current mailing	address)		بب
ADA Com	pliance Checks and Adjust	ments		$\mathcal{Z}$
(Purpose(	s) of corporation authorized in home state of	ments or country to be carried out in state of Florida)		
9. Name and stree	et address of Florida registered agent: (	(P.O. Box <u>NOT</u> acceptable)		
Name:	CT Corporation System	···· <del>···</del>		
Office Address:	1200 South Pine Island Road	<u> </u>		
	Plantation	, Florida 33324		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	application, I hereby accept the appoint	ervice of process for the above stated corporate intment as registered agent and agree to act in es relative to the proper and complete perform position as registered agent.  Michelo Michelo Assistant	this capacity.	. 1
	Michile Miller	<u> </u>		
	(Registered agent's signatu			

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 business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_ Address: Vice Chairman: Director: Address: **B. OFFICERS** President: Daniel Ross Address: 246 Summit River Falls, WI 54022 Vice President: Robert Duffy Address: 246 Summit River Falls, WI 54022 Secretary: Cheryl Ross Address: 246 Summit, River Falls, WI 54022 Treasurer: Daniel Ross Address: 246 Summit, River Falls, WI 54022 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Daniel Ross - President

### United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

1, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### ROSS & ASSOCIATES OF RIVER FALLS, WISCONSIN LIMITED

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 24, 1989.

I further certify that said corporation or limited liability company has, within its most recently completed port year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats; and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the

Department on March 25, 2012.

PAUL M. HOLZEM, Administrator Division of Corporate and Consumer Services

Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

103942-9A0F9E41