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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000276710 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850) 205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for Aut annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION RUSSO HOLDCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	945
Estimated Charge	\$70.00

NOV 2 0 2015

HEIGHIVERS

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: RUSSO HOLDO	CO, INC.			
JOBSECI.	Name of corporation	ı - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	'Certificate of Good Star	iding" and check are sub		
Please return all corresponden	ce concerning this matte	r to the following:		
IAN FURMAN				
	Name of	Person		
MORGAN, LEWIS & BOCKIU	S LLP			
	Firm/Con	pany		
1000 LOUISIANA STREET, SU	11TE 4000			
	Addr	ess		
HOUSTON, TX 77002				
	City/State a	nd Zip code		
IFURMAN@MORGANLEWIS				
E-n	nail address: (to be used	for future annual report i	notification)	
For further information concer	ning this matter, please	call:		
IAN FURMAN ,713		890-5000		
Name of Person	Area Cod	c Daytime Telep	hone Number	
Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ion of Corporations in Building Executive Center Circle nassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	_	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fec, Certificate of Status & Certified Copy	

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.

RUSSO HOLD	CO, INC.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N,"
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ing business in Florida)
DELAWARE	3		
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if a	pplicable)
NOVEMBER 1			
(Date of incorporation)		(Date of duration, if other than perpetual)	
NOVEMBER 1	3, 2015		
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liabi	lity)
6220 SOUTH OF	RANGE BLOSSOM TRAIL, SUITE 200, ORI	LANDO, FL 32809	
	(Princl	oal office address)	15 NG
	(Current maili	ng address, if different)	SS P
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	F P
Name:	C T Corporation System		7:02
fice Address:	1200 South Pine Island Road		D.F. RO
	Plantation, FL 33324	Florida	
	(City)	, Florida (Zip code)	
aving been nam signated in this rther agree to c	ent's acceptance: sed as registered agent and to accept serv application, I hereby accept the appoints omply with the provisions of all statutes a amiliar with and accept the obligations of	ment as registered agent and ag relative to the proper and comp of my position as registered age system	ree to act in this capacit lete performance of my nt.
		Concles	(Japan)

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.

11/19/2015 2:31:08 PM From: To: 8506176383(4/5) 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: __ Vice Chairman: Address: _ KIMBERLY B. RUSSO Address: 6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 200, ORLANDO, FL 32809 Director: Address: ___ B. OFFICERS President: Address: ___ Vice President: Address: Secretary: _ Address: ____ Address: _____ you may attach an addendum to the application listing additional officers and/or directors. NOTE: If necessary, Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

KIMBERLY B. RUSSO, DIRECTOR 3

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

And otherwise Chicago Property Bullion

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RUSSO HOLDCO, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

Jerrey W. Bullioth, Secretary of State

5877558 8300 SR# 20150993159

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10455040

Date: 11-19-15