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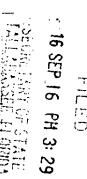
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
1016-5961	3-	

Office Use Only



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Tanisha L. Washington
Regulatory Specialist II
Registration Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

September 12, 2016

Re: Letter Number 816A00018317

Dear Ms. Washington,

We received your letter and have made the necessary corrections. However, I need to clarify a the two items you mentioned in your letter:

- Regarding the lack of signature by the Chairperson:
 Our company, ROSEN Inc., is a Sub-S and according to our lawyer, a Sub-S is not required to have a Board. We are required to have a President and a Secretary, and both of those titles and signatures are appropriately placed on the document. I hope that this explanation is acceptable for our document.
- 2. Regarding the name of the company we would like to maintain our name -- ROSEN Inc.

However, if that name is not available, we will go by -- ROSEN Marketing Inc.

Please feel free to call and let me know if there is anything else we need to clarify or take care of. Thank you for your time.

Sincerely,

Jane C. Rosen

ROSEN

Secretary, Partner & Chief Creative Officer

jane@rosenconvergence.com

Direct: 941-260-8016 Main: 503-224-9811

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROSEN NC.	
Name of corporation - n	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business i	g" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
RICHARD G	Free-1
RICHARD G. Name of Pers	son
KOSEN /NO	c,
ı	•
SANAGOTA, City/State and Z	_ Dr
Address	
SANAGOTA	FL. 34231
City/State and Z	Zip code
E-mail address: (to be used for	N CONVERGENCE, COM future annual seport notification)
For further information concerning this matter, please call:	
Name of Person Area Code	274.0811
Name of Person Area Code	Daytime Telephone Number
	_ uj
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
,	78.75 Filing Fee & Sertified Copy Sertificate 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.

	able in Florida, enter alternate con	porate name adop	ted for the purpose of transacting business in Florida) 90-0295082 (FEI number, if applicable)
_			
(Date	of incorporation) Tune /s	T. 2010	(Date of duration, if other than perpetual) orida, if prior to registration)
	(SEE SECTIONS 607.1	501 & 607.1502,	F.S., to determine penalty liability)
Name and street	ARADISE PLAZA () et address of Florida registered	H/68 Current mailing act diagent: (P.O. B	
Name: fice Address:	SANDSOTA (City)	DR	PRESIDENT & C.E. P. S. W. S. S. W
Registered agoving been naming the signated in this there agree to c	ent's acceptance: ned as registered agent and to application, I hereby accept omply with the provisions of	accept service of the appointmen all statutes rela	of process for the above stated corporation at the p t as registered agent and agree to act in this capac tive to the proper and complete performance of my y position as registered agent.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Address: ____ Vice Chairman: Address: _____ Director: redretary: TANE POREZ **B. OFFICERS** RICHARD G. ROSEN Bull S. Bon Address: 1332 QUAIZ DR. SARAGOTA, FL. BY231 2 QUALL TOR (SANAGOTA FL 34231 Address: Treasurer: 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 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. 13. RICHARD 6 ROSEN, YEESIDENT & CEO (
(Typed or printed name and capacity of person signing application)

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 171U561N9

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

ROSEN, INC.

is

Incorporated

under the laws of The State of Oregon

STONE AND OF STATE FALLABASSEE, FLORIDA

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Jeanne F. atkins

JEANNE P. ATKINS, SECRETARY OF STATE

8/17/2016