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(Requ	uestor's Name)	
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COVER LETTER

TO:	O: Registration Section Division of Corporations				
	ROSCO ENTERPRI				
SUBJ	ECT:				
		Name of corporation	on - must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Fo ficate of Existence," or "Co referenced foreign corpora	ertificate of Good St	anding" and check are su		
	return all correspondence E SAJNAJ	concerning this mat	ter to the following:		
		Name o	of Person	_	
ROSC	O ENTERPRISES, INC.				
		Firm/Co	mpany		
3605 N	I STATE ROUTE 47, SUITE				
	<u> </u>	Ado	dress		
MORR	RIS, IL 60450				
		City/State	and Zip code		
vickie.	sajnaj@prometers.com				
	E-mail	l address: (to be used	d for future annual report	notification)	
For fu	rther information concernir	ng this matter, please	e call:		
VICKI	E SAJNAJ	815	5 942-7000		
	NI CD	at (1) 1	
	Name of Person	Area Co	ode Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Division of C P.O. Box 63:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the follow	ving amount:			
□ \$70		75 Filing Fee & tificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &	

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. ROSCO ENTERPRISES, INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) ILLINOIS 203251935 (FEI number, if applicable) (State or country under the law of which it is incorporated) 07/28/2005 (Date of duration, if other than perpetual) (Date of incorporation) 3/20/2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3605 N STATE ROUTE 47, SUITE E, MORRIS, IL 60450 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DANA DULLARD Name: 61 DELMAR AVE Office Address: FT. MYERS BEACH (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.

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 ROBERT DULLARD Chairman: 3605 N STATE ROUTE 47, SUITE E, MORRIS, IL 60450 Address: JOHN CUMMINGS Vice Chairman: 3605 N STATE ROUTE 47, SUITE E, MORRIS, IL 60450 Address: _ Director: Address: Director: **B. OFFICERS** ROBERT DULLARD President: 3605 N STATE ROUTE 47, SUITE E, MORRIS, IL 60450 Address: JOHN CUMMINGS Vice President: 3605 N STATE ROUTE 47M SUITE E, MORRIS, IL 60450 Address: __ DANA DULLARD Secretary: 3605 N STATE ROUTE 47, SUITE E, MORRIS, IL 60450 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.

Robert Dullard

President

(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

ROSCO ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 28, 2005, 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 20TH day of MARCH A.D. 2017.

Authentication #: 1707901586 verifiable until 03/20/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE