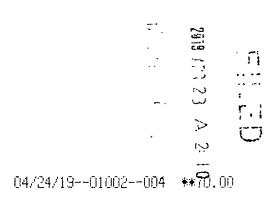
F19000001983

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Warne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.

Office Use Only

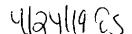


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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/23/2019			₩ ALK	. IN≠≠
ENTITY NAMEROCK S	SOLID STABILIZATION & RECLAMATION INC.			
DOCUMENT NUMBER_			22	
	PLEASE FILE THE ATTACHED AND RETURN			
XXXXX	Plain Copy Certified Copy		> :	
	Certificate of Status	дь. С.т.	- 5	
**f	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*	*		
	Certified Copy of Arts & Amendments			
	Certificate of Good Standing			
	APOSTILLE' / NOTARIAL CERTIFICATION			
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT			- -	
TOTAL OWED 70.00	СНЕСК # 6042			
Please call Tina at th	e above number for any issues or concerns. Thank y	10a S0 m	ruch!	

COVER LETTER

TO:	Registration Section Division of Corporations				
	ROCK SOLID STABIL	IZATION & RECLA	MATION, INC.		
SUBJ	ECT:Na	me of corporation	- must include suffix		
Dear S	ir or Madam:				
"Certi	iclosed "Application by Foreig ficate of Existence," or "Certifi referenced foreign corporation	icate of Good Stand	ling" and check are sub		
	return all correspondence cond NE GOSANKO	cerning this matter	to the following:	; ;	2018 : 2
	· · · · · · · · · · · · · · · · · · ·	Name of P	erson		ڊ ب چ
ROCK	SOLID STABILIZATION & RE	CLAMATION, INC.		•	ښ
		Firm/Comp	any		
1001 WILLIAMS RD			15		
		Addres			
GENO	A CITY, WI 53128	Addres	S		
nadine	g@rocksolidsr.com	City/State and	d Zip code		
Hadilic	· -		r future annual report i		
	C-man auc	iress. (to be used to	r ruture aimuai report i	notification)	
For fu	ther information concerning th	is matter, please ca	II:		
URS A	gents C/O Kanetha Bishop	800 at (567-4397		
	Name of Person		Daytime Telep	hone Number	•
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		
Enclos	ed is a check for the following	amount:			
S \$70	.00 Filing Fee	iling Fee & ate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of	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.

ILLINOIS	able in Florida, enter alternate corporate name	20-8626648	iness in Flo	orida)
(State or country under the law of which it is incorporated) 04/05/2007 5.		(FEI number, if applicable)		
(Date of incorporation) (Date of duration, if other than p				73.0
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1001 WILIAMS RD., GENOA CITY, WI 53128			·	.723
(Principal office address)			.;	
	(Current maili	ng address, if different)	٠.	0
Vame and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name: ce Address:	URS AGENTS, LLC 3458 LAKESHORE DRIVE			
nce Address:	TALLAHASSEE	32312 Florida		

V D

duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Kanetha Bishop, Asst. Secretary

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. DIRECTORS Chairman: Address: Director: Address: Address: B. OFFICERS \supset JONATHAN PEASE President: __ 1001 WILLIAMS RD. GENOA CITY, WI 53128 Address: _ MIKE COHN Vice President: 1001 WILLIAMS RD. GENOA CITY, WE53128 Address: NADINE GOSANKO Secretary: ___ 1001 WILLIAMS RD. GENOA CITY, WI 53128 Address: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Much your Seculory 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. Nadine Gosanko, Secretary

File Number

6545-960-4



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

ROCK SOLID STABILIZATION & RECLAMATION, INC., A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 05, 2007, 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 23RD day of APRIL A.D. 2019.

Authentication #: 1911301324 verifiable until 04/23/2020
Authenticate at. http://www.cyberdriveillinois.com

SECRETARY OF STATE