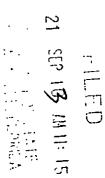
FO100005304

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)	<u> </u>		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



900367885469

U5/14/21=-U1U25--U24 ★+78.75



Office Use Only



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: ROSS V	IDEO, INC.		
	Name of o	corporation -	· must include suffix
Dear Sir or Madam:			
	nce," or "Certificate of	Good Stand	authorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.
Please return all corres	spondence concerning	this matter t	to the following:
MONIKA ST. LOUIS			
		Name of P	erson
ROSS VIDEO, INC.			
		Firm/Comp	pany
808 COMMERCE PAR	K DRIVE		
		Addres	ss
OGDENSBURG, NEW	YORK, 13669		
	(City/State an	d Zip code
mstlouis@rossvideo.cor			
	E-mail address: (to be used fo	or future annual report notification)
For further informatio	n concerning this matt	er, please ca	11:
MONIKA ST. LOUIS	at	613) 360-2762 Daytime Telephone Number
Name of Pers	son	Area Code	Daytime Telephone Number
Registration S Division of Co The Centre of	orporations Tallahassee roe Street, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for Please make check paya \$70.00 Filing Fee	or the following amour ble to: FLORIDA DEP. \$78.75 Filing F Certificate of S	ARTMENT (OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



June 24, 2021

MONIKA ST LOUIS 808 COMMERCE PARK DR OGDENSBURG, NY 13669

SUBJECT: ROSS VIDEO, INC. Ref. Number: W21000092118

We have received your document for ROSS VIDEO, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return 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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 221A00014467

RECEIVED SEP 1 3 2021

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 PLORIDA

NC		
rporation; must include "INCORPORA FED," rp," "Inc," "Co," or "Corp")	COMPANY," PEORPORY TOX.	
(ILLINOIS), INC.		
ble in Florida, emoi alternate corporate name ad	opted for the purpose of transacting besiness to	Florida)
;	b-1446231	
under the law of which it is incorporated)	(left) number of applicable)	
5		_
	(Date of document of other than perpetual	1
(Date first transacted business in I (SEE SECTIONS 607 1501 & 607 150)	lorida, if prior to registration) 2.4.8. to determine penalty hability?	
AVE, MIAMI, FI , 33169		
(Principal offic,	street address	
PARK DRIVE, OGDENSBURG, NEW YORK	N. 13669	
(Current mailing	address, it different)	
address of Florida registered agent: (P.O. Cogency Global Inc.	Box <u>NOT</u> acceptable)	
115 North Calhoun Street, Suite 4	<u></u>	
Tallahassee (Cuy)	, Florida 32301 (Zip code)	
nt's acceptance: d as registered agent and to accept service application, I hereby accept the appointme apply with the provisions of all statutes rela with and accept the obligations of my posit /s/ SHANNON M. MADDOX	of process for the above stated corporation at as registered agent and agree to act in th ative to the proper and complete performan	us capheny. <u>i </u>
	(ILLINOIS), INC. ble in Florida, emer alientate corporate name ad under the law of which it is incorporated) (Date first transacted business in F (SEE SECTIONS 607 1501 & 607 150. (Principal offic, PARK DRIVE, OGDENSBURG, NEW YOR) (Current mailing) address of Florida registered agent: (P.O.) Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) It's acceptance: d as registered agent and to accept service application, I hereby accept the appointmental points of all statutes religible and accept the abligations of my positional and accept the abligations of my positional and accept the abligations of my positional contents of the abligation of the above the above the abligation of the above the	(ILLINOIS), INC. ble in Florida, enter alternate corporate name adouted for the prapose of it are reting becomess in a fig. 1146.2331 (Date instrainspaced business in Florida, if prior to registration) (Date first transpaced business in Florida, if prior to registration) (SFF SLCTIONS 607-1501 & 607-1502, F.S., to determine penalty hability) AVE. MIAMI, FL 33160 (Pracipal offic, street address) PARK DRIVE, OGDENSBURG, NFW YORK, 13660 (Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. 115 North Calhoun Street, Suite 4 Tallahassee (City) (City) (Zip code) (Zip code) (Zip code) (City) (Tillahassee agent and to accept service of process for the above stated corporation application. I hereby accept the appointment as registered agent and agree to act if the apply with the provisions of all statutes relative to the proper and complete performance with and accept the abligations 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 musdiction under the law of which it is incorporated.

DccuSign Envelope ID: 60065535-B916-4C01-A65E-529E567807AA

A. DIRECTORS **GEORGE ANGUS** Name: □ Chairman □ Chairman Name: _____ **8 JOHN STREET** □Vice Chairman Address: ☐ Vice Chairman Address: IROQUOIS, ONTARIO □ Director □ Director □President □ President □Vice President _____ □ Vice President ☐ Secretary □Treasurer Treasurer **■**Secretary □Other ____ □Other _____ □Other _____ □Other ______ **DAVID ROSS** □Chairman □ Chairman Name: _____ Address: ______ ☐ Vice Chairman □ Vice Chairman Address: _____ IROQUOIS, ONTARIO □ Director □ Director **■** President □President ☐ Vice President □Vice President _____ □ Secretary □ Treasurer ☐ Treasurer ☐ Secretary Other _____ □Other ___ □Other _____ Other _____ □ Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: ______ □Director □ Director □ President □President □Vice President □ Vice President _____ □ Treasurer □ Secretary ☐ Secretary □ Treasurer □Other _____ □Other _____ □Other __ ____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. George Amgus -480875088579485 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.

GEORGE ANGUS

File Number

6165-348-1



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

ROSS VIDEO, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 23, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 9TH day of JUNE A.D. 2021 .

Authentication #: 2116002602 verifiable until 06/09/2022

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE