<2300000 U356

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

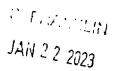




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1.13 1.13 E.H. C.



COVER LETTER

_	tration Section ion of Corporations				
SUBJECT:	Broeren Russo Builders, Inc.				
0020.01.	Name o	of corporation -	must include suffix		
Dear Sir or M	adam:				
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ing" and check are submitte		
Please return	all correspondence concerni	ng this matter t	o the following:		
Schuyler Sanb	om			5	
-		Name of Po	erson		
Broeren Russo	Builders, Inc.			1	
		Firm/Comp	any	(L)	
602 N Country	· Fair Dr			****** *	
		Addres	s		
Champaign, IL	. 61821			σ ⁱ	
		City/State and	d Zip code		
ssanborn@bro	eren-russo.com				
	E-mail address	: (to be used fo	r future annual report notifi	ication)	
For further in	formation concerning this m	atter, please ca	II:		
Schuyler Sanb	orn	217 at (202-2589		
Name	e of Person	Area Code	Daytime Telephone	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Section Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amo leck payable to: FLORIDA DF ing Fee	PARTMENT O		S87.50 Filing Fee. 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.

Broeren Russo I	Builders, Inc.			
	orporation; must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	D." "COMPANY." "CORPORATION."		
BR Builders, Inc	c.			
(If name unavaila	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Flo	orida)	
. Illinois 3, <u>37-</u>		37-1402193	7-1402193	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
		Perpetual		
(Date of incorporation) 5. Pe		(Date of duration, if other than perpetual)	(Date of duration, if other than perpetual)	
		s in Florida, if prior to registration) [1502, F.S., to determine penalty liability]		
602 N Country Fa	air Dr. Champaign, II. 61821			
	(Principal c	office <u>street</u> address)	77	
	(Current ma	iling address, if different)	1	
			; 	
Name and stree	et address of Florida registered agent: (I	2.O. Box NOT acceptable)	:	
Name:	Corporation Service Company			
fice Address:	1201 Hays Street		5)	
The Address.	Talahassee	 , Florida		
	(City)	(Zip code)		
aving been namesignated in this orther agree to c	application, I hereby accept the appoint omply with the provisions of all statute with and accept the obligations of my		capacity.	
_	Tyler Gaz (Registered agent)	Tes .		
	(Régistered agent	s signature)		

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.

PLEASE NOTE: THE STATE OF ILLINOIS DOES NOT ISSUE HARD COPIES OF STATEMENTS OF GOOD STANDING. THE ATTACHED IS THE PRINTED COPY OF THE ELECTRONIC COPY FURNISHED BY THE SECRETARY OF STATE.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

· A. DIRECTORS			
□Chairman	Name: Avaristto Jimmy Lopez	□ Chairman	Schuyler Sanborn
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director	602 N Country Fair Dr	□Director	602 N Country Fair Dr
■ President	Champaign, IL 61821	□President	Champaign, IL 61821
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	Other Executive	Vice President
□Chairman	Michael Broeren	□ Chairman	Name: Karen Cooley
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	602 N Country Fair Dr	□Director	602 N Country Fair Dr
□President	Champaign, IL 61821	□President	Champaign, IL 61821
₩ Vice President		■ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurers
□Other	□Other	□Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	602 N Country Fair Dr	□Director) グ
□President	Champaign, IL 61821	□President	
□Vice President		□ Vice President	
■ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Re	
The officer or dire	ctor signing this document (and who is listed in n		
	dse information submitted in a document to the I		

File Number

6122-861-6



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

BROEREN RUSSO BUILDERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 31, 2000, 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 21ST day of DECEMBER A.D. 2022 .

Authentication #: 2235502904 verifiable until 12/21/2023

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE