

2/1/24, 9:28 AM

Division of Corporations

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(Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet)

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC  
Account Number : 120070000159  
Phone : (239)777-1028  
Fax Number : (877)275-3593

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: SUPPORT@LICENSESETC.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION  
TRU DEVELOPMENT CO.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 06      |
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRU DEVELOPMENT CO.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TODD BABBITT

Name of Person

LICENSES, ETC., INC.

Firm/Company

27911 CROWN LAKE BLVD

Address

BONITA SPRINGS, FL 34135

City/State and Zip code

SUPPORT@LICENSESETC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD BABBITT

Name of Person

at ( 239 )

Area Code

777-1028

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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# 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.*

1. **TRU DEVELOPMENT CO.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

**TRU CONSTRUCTION MANAGEMENT CO.**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **ILLINOIS** 3. **46-5554203**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **04/30/2014** 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **16724 BARNWOOD PL, BRADENTON, FL 34211**  
(Principal office street address)

**16724 BARNWOOD PL, BRADENTON, FL 34211**

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: **SALVATORE TRUPIANO**

Office Address: **16724 BARNWOOD PL**

**BRADENTON**, Florida **34211**  
(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.*



(Registered 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.

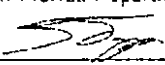
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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**A. DIRECTORS**☐ Chairman Name: SALVATORE TRUPIANO☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: 16724 BARNWOOD PL☐ Vice Chairman Address: \_\_\_\_\_☐ Director BRADENTON, FL 34211☐ Director \_\_\_\_\_☒ President \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ 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.

12.   
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. SALVATORE TRUPIANO  
(Typed or printed name and capacity of person signing application)

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File Number 6958-752-6



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, 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*

TRU DEVELOPMENT CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 30, 2014, 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 31ST day of JANUARY A.D. 2024 .***

Authentication #: 2403103010 verifiable until 01/31/2025

Authenticate at: <https://www.isos.gov>

SECRETARY OF STATE

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