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SECRETARY OF PROFE

J. HARRIS

TO: Registration Section Division of Corporations
SUBJECT: ROSS MANAGEMENT SYSTEMS, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Richard Ross
Name of Person
Ross Management Systems, LLC Firm/Company
Firm/Company
3990 Run Row
Address
Naples 1= 4 34102 dity/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry Nelson at 303 830 8120 Name of Contact Person Area Code Daytime Telephone Number
/ Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section P.O. Box 6327 Cliffon Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sigma \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2



RECEIVE 2016 FEB 12 AM 11:21 FLORIDA DEPARTMENT OF STATE.

Division of Corporations

TALLAHASSEE. FLORIDA

February 3, 2016

RICHARD ROSS 3990 RUM ROW NAPLES, FL 34102

SUBJECT: ROSS MANAGEMENT SYSTEMS, LLC

Ref. Number: W16000007649

We have received your document for ROSS MANAGEMENT SYSTEMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00002300

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name names at liability Company, "LLC," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LC," or "L	Ros	S MANAGEAN	ENT SY	STEMS	440		
(Indisting Company, "ILC," or "ILC," or "ILC," or "ILC," or "ILC," and the law of which foreign limited liability (PEI number, If applicable) (Indisdiction under the law of which foreign limited liability (PEI number, If applicable) (Stock sections 505,004 & 605,0095, F.S. to determine penalty liability) (Stock sections 505,004 & 605,0095, F.S. to determine penalty liability) (Stock Address of Frincipal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	(Name of Foreig	n Limited Liability Company; mi	ust include "Limited	Liability Compan	y,""L.L.C.," or "	.LC.")	· · · · · .
(Intriduction under the law of which foreign limited Hability Company, "ILLC," or "ILC.") (Intriduction under the law of which foreign limited Hability Company is organized) (Date first transacted business in Florida, if prior to registration) (See sections 505,090 & 605,090 \$ F.S. to determine penalty liability) 3940 Rown Row Name: (Mailing Address) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Registered agent's acceptance: (Inv) Florida 34102 (Zip code) (Zip code) (Zip code) (Zip code) (Registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agent to complywith the provisions of all statutes relative to the proper and complete performance of my duttes, and I am familiar with accept the obligations of my position as registered agent: a signature) (Registered agent's signature) (Registered agent's signature) 8. The game, title or capacity and address of the person(s) who has/have authority to manage is/are: (Registered agent's signature) 8. The game, title or capacity and address of the person(s) who has/have authority to manage is/are: (Registered agent's signature) 8. The game, title or capacity and address of the person(s) who has/have authority to manage is/are: (Registered agent's signature) 8. The game, title or capacity and address of the person(s) who has/have authority to manage is/are: (Registered agent's signature) 8. The game, title or capacity and address of the person(s) who has/have authority to manage is/are: (Registered agent's signature) 8. The game at a certificate							· .
Company is organized) Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F3. to determine penalty liability) ARON RUM ROW Naples FL 34 (0 2 (Street Address of Frincipal Office) (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Richard Ross (AMBR) Office Address: 388 Rum Row Naples (Liny) Florida 3410 2 (Zip code) Registered agent's acceptance: Howing been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar with accept the obligations of my position as registered agent's signature) (Registered agent's signature) 8. The name, title or capacity and address of the proper and complete performance of my dutles, and I am familiar with accept the obligations of my position as registered agent's signature) 8. The name, title or capacity and address of the proper son (3) who has/have authority to manage is/are: MOR) According to the certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	(If name unavailable, enter alte Liability Company," "L.L.C," of	mate name adopted for the purpor or "LLC.")	se of transacting bus	iness in Florida. T	he alternate name	must includ	e "Limited
Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) Naples FL 34 (D 2 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar with accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the proper and complete performance of my dutles, and I am familiar with accept the obligations of my position as registered agent, and a signature) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the turisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person			3	84-13	89726	,	·
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:		(Date first transacted busin (See sections 605.0904 & 60;	ess in Florida, if prices. 5.0905, F.S. to deter	or to registration.) mine penalty liabil	lity)		. ,
(Mailing Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	399				***		
(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent: (P.O. Box NOT acceptable) Name: Registered agent: (P.O. Box NOT acceptable) Name: Registered agent: (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place testignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complying the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent: a signature) (Registered agent's signature) (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 100	No	ples, FL	3462			PO	
(Mailing Address) Name: Ross (AMBR) Office Address: 3890 Rum Row Naples (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: NOR ALLACHOR ROW NAPLS 34107 AMBR AM	• ,	. (Street Address of	Principal Office)				
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(Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 1988 Accord Ross 3990 Rum Row Naples F L 34107 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person	to complywith the provision	s of all statutes relative to the	proper and comp				
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	· · · · · -	Signatur	e of an authorized po	erson	· ::		•
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	This document is executed in	n accordance with section 605	0203 (1) (b) Flori	da Statutes I am	asyare that any	alse inform	etion ·
		Rich	sand Ro	55			

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

ROSS MANAGEMENT SYSTEMS, LLC.

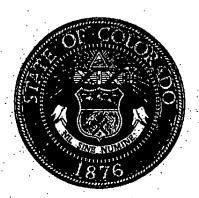
is a

Limited Liability Company

formed or registered on 03/14/1997 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19971039918.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/15/2015 that have been posted, and by documents delivered to this office electronically through 12/16/2015 @ 15:08:23

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/16/2015 @ 15:08:23 in accordance with applicable law. This certificate is assigned Confirmation Number 9417135



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate aconfirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."