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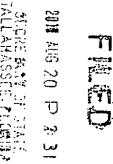
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/31/18--01015--CA **121.00



AUG 20 2018 M. SOLOMON

COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT:	T. Ross Prope	ertes LLC Limited Liability Company	
The enclosed "Application Existence, and check are so	by Foreign Limited Liability Comubmitted to register the above refer	pany for Authorization to Tra enced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspon	idence concerning this matter to the	following:	
	Joni Ros	lame of Person	
	J. Ross F	roperties l	<u>-LC</u>
	PO Box 92	Address	
	Indian Hills City/s		
	Joni. (OSSiter(E-mail address: (to be use	d for future annual report not	Cove
For further information co	ncerning this matter, please call:		
	OSSiter Name of Contact Person	_at (720) 3 Area Code Day	75 - 6598 rtime Telephone Number
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations ion	Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding centive Center Circle see, FL 32301
Enclosed is a check for the \$125.00 Filing		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

1. J. Ross Properties LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"	IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.") Iff name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LI.C.") 2	J. Ross Properties ILC
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45 - Lele (144) (FEI number, if applicable) 4. March 2018 (Date first trunsacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5. 10 343 E. County Highway 304 6. Po Box 923 (Street Address of Principal Office) Unit H330 Tradicy Hills, CO 80474 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Shanom L. Widman	
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(FEI number, if applicable) 4. March 2018 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5. 10 343 E. County Highway 304 6. Po Box 923 (Street Address of Principal Office) Linit H330 Lock Beach, FL 324(c) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Shanon L. Widman	(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida, The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,")
(FEI number, if applicable) 4. March 2018 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5. 10 343 E. County Highway 304 6. Po Box 923 (Street Address of Principal Office) Linit H330 Lock Beach, FL 324(c) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Shanon L. Widman	3 45 - 1666146
(Date first transacted business in Florida, if prior to regustration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5. 10 343 E. Count Highway 304 6. PO Box 923 (Street Address of Principal Office) Unit H330 Tolct Beach, FL 3246 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Shanon L. Widman	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
(See sections 605,0905, F.S. to determine penalty liability) 5. 10 343 E. County Highway 304 6. Po Box 923 (Street Address of Principal Office) (Mailing Address) Indich Beach, FL 3246 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Shanon L. Widman	4. March 2018 (Date first transported business in Florida of prior to registration.)
Unit H330 Traich Beach, FL 3046 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Shannon L. Widman	(See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
Unit H330 Traich Beach, FL 3046 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Shannon L. Widman	5. 10343 E. County Highway 304 6. PO 1504 125
Tolct Beach, FL 3046 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Shanoon L. Widman	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Shanon L. Widman	
Name: Shannon L. Widman	Loiet Deady, 12 304/61
	7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
	Name: Shanom L. Widman 55 3
Office Address: N	
	10550 Em 0
(City) Florida OXOSO (Zap code) - (Zap code)	
Registered agent's acceptance:	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 juritier agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
and accept the obligations of my position as registered agent.	
Skin Ald	Skin Ald
(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: Title or Capacity: Name and Address:	
Title or Capacity: Name and Address: Title or Capacity: Name and Address:	
Manager John Rossiter Manager Joni Rossiter	
PO Box 923 PC Box 923 Today Hills CO	
ECHSY	EC454 EC454
· ·	· · · · · · · · · · · · · · · · · · ·
(Use attachments if necessary)	(Use attachments if necessary)
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the	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)	jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
10. This document is appared in reportance with resting 605 0202 (1) (b) Elevide Control I are seen that are film in formation	10. This document is appared in appared non-path costing 605 0202 (1) (b). Florido Caratan I am a super the super film in 6 minutes
Signature of an authorized person	Simplify of an authorized person
эндиание от ан аникотили регоон	
Jani Rossiter	Jani Rossiter
	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) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

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

J. ROSS PROPERTIES, LLC

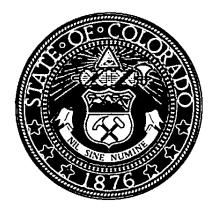
is a

Limited Liability Company

formed or registered on 04/14/2011 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 20111227702.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/13/2018 that have been posted, and by documents delivered to this office electronically through 08/16/2018 @ 13:19:59

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 08/16/2018 @ 13:19:59 in accordance with applicable law. This certificate is assigned Confirmation Number 11067053



Secretary of State of the State of Colorado

*************End of Certificate********

Natice: 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.sox.state.co.us/bit/Certificate/SearchCriteria do entering the certificate's confirmation 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.sox.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"



August 6, 2018

JON IROSSITER
J. ROSS PROPERTIES LLC
PO BOX 923
INDIAN HILLS, CO 80454

SUBJECT: J. ROSS PROPERTIES LLC

Ref. Number: W18000071280

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Letter Number: 318A00016142

Mel Solomon Regulatory Specialist II Supervisor