# F02000005136

TRANSMITT	AL LETTER
TO District Continu	Newcial TNC
TO: Registration Section Division of Corporations	-
SUBJECT: TOWN STONE I	, Newcial TWC Form
(Name of corporati	ion - must include suffix)
Dear Sir or Madam:	
The state of the s	or Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to	o register the above referenced foreign corporation
to transact business in Florida.	
Please return all correspondence concerning this matt	100, 100, 000 000 000 000
BARRY STURNER	*****70.00 *****70.1
(Name	of Person)
JOHNSTONE Y, NONCIC	Company)
278 (A) Halla 1	5 to 11)
Jas ov haron	ddress)
CHICAN J.Z.	606/()
(City/Stat	te and Zip code)
For further information concerning this matter, pleas	se call:
D 11/57,00ED 31	17 672-9791
(Name of Person) (Are	ea Code & Daytime Telephone Number)
(14amid of 1 official)	,
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	and the Property of the Control of t
\$ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy
	J. BRYAN OCT 1

## 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. Townstone F. Nancial Inc.  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)  2
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words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
711-30° 02-1
2 IL 3. 74-305-092) 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/7/02 5. Perpetual Plan
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 325 W Huron Suite 112
(Principal office address)
C Hicaco 126 60610
(Current mailing address)
8. Mottquee Lender for residential homes.  (Purpose(S) of corporation authorized in home state or country to be carried out in state of Florida)
(1 dipose(s) of comporation addicated in nonic state of country to be carried out in state of 1 fortida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Darlyne Plat
Office Address: 2225 S. W 15th St. Apt 225
Deerfield Reach, Florida 33442
(City) (Zip code)
10. 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)

11. 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.

## 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman Address: Vice Chairman Address: Director: Address: Director: \_ Address: B. OFFICERS President Address: Vice President Address: Secretary: Address: Address: \_ NOTE: If hecessary, you may attach an addendum to the application listing additional officers and/or directors. 13. \_\_ (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. \_ (Typed or printed name and capacity of person signing application)



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

I, Jesse White, Secretary of State of the State of Illinois, do



#### In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this argainst against a A.D.

Desse White