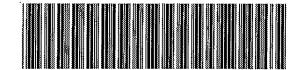
F02000006001

(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 Filling Officer: 12/3 FO/2 CO/2/P
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Office Use Only



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MJH

12/03/02-01085-008 **87.50

OZDEC -3 MID: 06

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hillcrest Asset Management, Inc.
(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", 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:
David S. Shapiro
(Name of Person)
Hillcrest Asset Management, Inc.
(Firm/Company)
643 Cathcart Ave
(Address)
Orlando, FL 32803
(City/State and Zip code)
For further information concerning this matter, please call:
David S. Shapiro at (407) 487-0053
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

words or abbre				
	oration; must include the word "INCORPOR viations of like import in language as will cloor partnership if not so contained in the name	early i	O", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a resent.)	_
IL .		3	36-3939508	2.
State or countr	y under the law of which it is incorporated)	_~` _	(FEI number, if applicable)	-
May 4, 1	1995	5	Perpetual	
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	• '
Upon Qu	alification			
Date first trans			ransacted business in Florida, insert "upon qualification.") 507.1502 and 817.155, F.S.)	1
643 Cath	ncart Avenue. Orlando, FL 32803		• :	_
	(Principal office	addre	ss)	
Same				
	(Current mailing	addre	ss)	
Name and <u>st</u>	reet address of Florida registered age Mr. David Shapiro	nt: (I	P.O. Box or Mail Drop Box NOT acceptable)	10.7
Name:			$-\!\!\!-\!\!\!\!-$	184 4
Name:	643 Cathcart Ave.			.: -
	643 Cathcart Ave.			The same of the sa
fice Address:	Orlando (City)		, Florida 32803 (Zíp code)	March Sept.
Tice Address: Registered: wing been nasignated in the	Orlando (City) agent's acceptance: med as registered agent and to accept s is application, I hereby accept the appo	service pintme tes rel	(Zip code) e of process for the above stated corporation at the ent as registered agent and agree to act in this cape lative to the proper and complete performance of n	city.

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:

1 t 3

A. DIRE	
Chairman:	David Shapiro
Address:	643 Cathcart Ave
_	Orlando, FL 32803
Vice Chair	nan:
Director:	<u>x</u>
	* · · · · · · · · · · · · · · · · · · ·
Addiess.	
Director	
Address: _	
B. OFFI	FDC
	David Shaniro
	643 Cathcart Ave
Address: _	Orlando Fl 32803
Vice Proci	
	ent;
Address: _	
-	
Secretary:	
Address: _	
Treasurer:	
Address: _	
NOTE: I	necessary, 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)
,, Da	rid Shapiro, Chairman, President
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

hereby certify that nereby certify that Hillcrest asset management, inc., a domestic corporation, incorporated under the laws of this state february 23, 1994, appears to have complied with all the provisions of the Business corporation act of this state relating to the filing of annual pedopes and payment of Edward Tables. ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, 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 ___ day of ____