FD4000003996

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
, PICK-UP WAIT MAIL
(Business Entity Name)
. (Document Number)
. (Boodine, National)
Certified Copies Certificates of Status
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Office Use Only



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JOH-3996 CX

TRANSMITTAL LETTER

TO:	Registration Se Division of Cor								
SUBJE	CT. S	tanley	н. 1	Meadows	, P.C.				
SCDUL		<u></u>	(Nam	e of corpora	ation - must i	nclude suffix)			_
Dear Si	r or Madam:								
"Certifi	losed "Applicate of Existence business in Flo	e", and che	eign C eck are	orporation for submitted to	for Authorizato register the	tion to Transac above referen	t Business in l ced foreign co	Florida", orporation	n to
Please r	eturn all correst	ondence c	oncern	ing this ma	tter to the foll	lowing:			
		Rit	ta G	roark					
				(Name	of Person)				
		McI	erm	ott, Wi	ll & Eme	ry LLP			
				(Firm/	Company)				
	2:	27 West	Mor	roe St	reet				
				(A	ddress)				
	Cl	nicago,	IL	60606-	-5096		_		
				(City/Sta	te and Zip co	de)			
For further information concerning this matter, please call:							Server Server Server Server Server Server	≯ .	
Rit	a Groark		_	at (312) 984	-6497		<u>~~~</u>	-
	(Name of Pers	on)		(Are	ea Code & Da	aytime Telepho	one Number)	E Josha Tamada	- '
Registra Divisio 409 E.	ET ADDRESS: ation Section n of Corporation Gaines St. ssee, FL 32399				Registra Divisior P.O. Bo	NG ADDRESS tion Section of Corporation x 6327 ssee, FL 32314	ns	μĀ	-1
Enclose	ed is a check for	the follow	ing am	ount:					
□ \$70.	00 Filing Fee	☐ \$78.7 Certi		ig Fee & of Status	S78.75 F Certified	Filing Fee & d Copy	\$87.50 F Certifica Certified	ate of Sta	

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.

ι		Sta	<u>n</u> le	y <u>H</u> . Mea	dows, P	.c.						
(En	ter name of	corporati	on; n	nust include "I	CORPORAT	ŒD," "	COMPANY	," "CORPORATIO	ON,"			
"inc	:.," "Co.," "(Corp," "Ir	ic," "	Co," or "Corp."	")							
(If r	name unava	ilable in F	lorid	a, enter alterna	ite corporate n	ame ado	pted for the	purpose of transact	ting busine	ss in Flo	orida)	
					_		-	•			,	
2	L L	11no1	S e lau	v of which it is	incorporated)	_ 3	36-33	87105 (FEI number, if ag	-li-shia)			
	7 7 0	*							-			
4	7-1-8	4				. 5. <u> </u>	per	petual ar corp. will cease				
						(£	uration: Ye	ar corp. will cease	to exist or	"perpett	ıai")	
6				fication								
(Dat	e first trans:	ected busi	ness					ness in Florida, ins 817.155, F.S.)	ert "upon c	ualifica	tion.")	
7.	2	27 We	st					60606-50	96			
<i>'</i>	·	, , , , , ,			rincipal office							
				Same a	s above							
				(C	urrent mailing	address)					
				•-	-		•					
8	Pra	ctice	of	law								
٠· —	(Purpose	s) of corp	orati	on authorized	in home state	or count	y to be carr	ied out in state of F	lorida)			
9. Na:	ne and str	eet addi	ress (of Florida re	gistered age	nt: (P.C). Box or N	/ail Drop Box <u>N</u> (OT accept	able)	-	
				Coleman						()		
	Name:	<u> </u>	<u> </u>	Corellan			_			ISSE ELECTOR		 ,
Office	Address:	201	5.	Biscayne	Blvd.,	22nć	lFloor			ž.,	:	
• • • • • • • • • • • • • • • • • • • •		Miam	i				•	22121_422	6		- 1	
		MILAM	<u> </u>	(6'')	_		_, Florida	33131-433 (Zip code)	0	Ş		
				(City)				(Zip code)		ر د	7	
10. Re	egistered a	gent's a	ссер	tance:						-	-,	
								or the above state				
								red agent and ag				
jurinei and I i	r agree io i im familia	compty w r with at	vun i rd ac	rept the obili	rations of m	es reini	pero ine p n as regist	roper and compl tered agent.	ete perjor.	nunce	oj my	uuttes
	y						•	•				
		ŕ										
	E	Ву: /	<i>,</i>									
	_	7	\neg	(Registered	agent's signat	ure)						
I1 Δ+	tached is s	Pertifica	de 01	fexistence du	ly authentica	ted not	more than	90 days prior to	delivery of	f this ar	plicati	ion to
	۵ دا بابنایسد	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.~ 01	CALPRICATE GR	.,10111100		····· miceli	prior to t				

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. DIREC	CTORS			
Chairman:	Stanley H. Meadows			
Address: _	227 West Monroe Street			
	Chicago, IL 60606-5096			
Vice Chairr	nan:			
Address: _				
		· · · · · · · · · · · · · · · · · · ·		
Address: _				
Director: _				<u> </u>
Address:				
B. OFFIC	CERS			
President:	Stanley H. Meadows			
Address: _	227 West Monroe Street, Chicago, IL 60606-5096			
Vice Preside	ent:	1 	, ~~.	
_		ੋਂ. 	. 4	F
Secretary:	Stanley H. Meadows		· .	
	227 West Monroe Street, Chicago, IL 60606-5096		1.7	
Treasurer:	Stanley H. Meadows	•		
Address:	227 West Monroe Street, Chicago, IL 60606-5096			
NOTE: If	necessary fou may attach an addendum to the application listing additional officers ar	ıd/or director	s.	
13	J Madores			
	(Signature of Director or Officer listed in number 12 of the application)			
14.	Stanley H. Meadows, President (Typed or printed name and capacity of person signing application)			
	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

File Number

5398-863-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

JUNE

A.D.

2004

Desse White

SECRETARY OF STATE