To: Qualifica	tion/Tax Lien Section	
Division	of Corporations	
-SUBJECT:	JKS Design, Inc. (Name of corporation - must include suffix)	
Dear Sir or Mada	um:	
"Certificate of Exto transact busine		
Please return all o	correspondence concerning this matter to the following:	— [—] ₹1
	Pam Clark	
_	(Name of Person)	
	Schoenberg, Fisher, Newman & Rosenberg, Ltd.	SIVIE
_	(Firm/Company)	₹ ₹
	222 S. Riverside Plaza, Suite 2100	inth
_	(Address)	12/11
	Chicago, IL. 60606	
· -	(City/State/Zip) SOCO -11/2***********************************	26938499 23/9801036002 :*70.80 *****70.00
Should you need	to call someone concerning this matter, please call:	w98-26460
Pam Clark	at (312) 648-2300	
	of Person) (Area Code & Daytime Telephone Number	r)

STREET ADDRESS:

, To:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 24, 1998

PAM CLARK SCHOENBERG, FISHER, NEWMAN & ROSENBERG 222 S. RIVERSIDE PLAZA, STE 2100 CHICAGO, IL 60606

SUBJECT: JKS DESIGNS, INC. Ref. Number: W98000026460

We have received your document for JKS DESIGNS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 898A00056265

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	Bruce E. Bell (Name)	do hereby certify
that this Resolution of the	Board of Directors ofJKS_Do	esign, Inc.
a corporation duly organiz	(Corporate Name) zed and existing under the laws of the	State of Illinois C
was duly adopted on		, 19 <u>38</u>
	JKS Design, Inc. (Corporate the State ofIllinois	<u> </u>
JKS Desig	n Group, Inc.	for use in Florida.
Dated:December 8,	, 1998	en e
<u>X</u>	Signature of either Chairman, Vice Chairman	an or any officer
	Bruce E. Bell, Ass	s't. Secretary

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.			sign, Inc.			
	words or abbrevia	ation; must include the word ' ations of like import in langua partnership if not so contains	age as will clearly in	", "COMPANY", "CORPORATIOn dicate that it is a corporation insteated that it is a corporation in the	N" or d of a	
	natural person or	partnership it not so containe	at in the name at pro	55ent.)		
2.				36-3560165		
	(State or country	under the law of which it is ir	acorporated)	(FEI number, if applic	able)	
4.	January	7, 1988	5	Perpetual		
	(Date	of incorporation)	(Durati	on: Year corp. will cease to exist or	r "perpetual")	
б.	October 1	. 1998				
	(Date first t	ransacted business in Florida	a.) (SEE SECTIONS	\$ 607.1501, 607.1502 and 817.155,	F.S.)	•
7.	15 Par	adise Plaza, Suite 3	307		9 DIVE	
	Saraso	ta, FL. 34239			DE SIDE	
		(Curr	ent mailing address)		1
8.	Interi	or Design Consultat:	ion			
	(Purpose(s) of corporation authorized in	n home state or cour	ntry to be carried out in state of Flor	ida) 99 AATI	
9.	Name and stre	et address of Florida reg	sistered agent: (I	P.O. Box or Mail Drop Box NO		
	Name: _	Joanne Knaus Sims			· · · · · · · · · · · · · · · · · · ·	
o	office Address:	15 Paradise Plaza	, Suite 307		e e e c erce	
		Sarasota		, Florida, <u>34239</u>		
	-	•••		(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.

A. DIRECTO	RS (Street address only - P.O. Box NOT acceptable)		
Chairman:			***
Address:		···_	
Vice Chairman:			
Address:		 	***
	T		
Director:		~	
Address:	15 Paradise Plaza, Suite 307		
	Sarasota, FL. 39239		
Director:			
Address:			· · ·
		9	910
B. OFFICER	RS (Street address only - P.O. Box NOT acceptable)	330 g	SEC
President:	Joanne Knaus-Sims	<u></u>	
Address:	15 Paradise Plaza, Suite 307	<u></u>	
	Sarasota, FL. 34239	œ	ORA ATS
Vice President:		45	SHOLL
71001000.			
C	Jack Sims		
Secretary:		•	
Address:	15 Paradise Plaza, Suite 307		
	Sarasota, FL. 34239		<u> </u>
Treasurer:	Jack Sims		
Address:	15 Paradise Plaza, Suite 307		
	Sarasota, FL. 34239		
NOTE: If nec	essary, you may attach an addendum to the application listing additional officers and/or directors.		
13. <u>×</u>	praco Jem		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14	Joanne Knaus-Sims, President		
	(Typed or printed name and capacity of person signing application)		

File Number 5492-502-6



I, George H. Ryan, Secretary of State of the State of Illinois,

do hereby certify that JKS DESIGN, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 7, 1988, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF 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 Cesti	mony N	lher	eoE,	I h	reveto	set
my hand and	cause to	be affi.	xed the	. Gre	at Seo	d of
the State of Illi					30TH	
day of			A.D.	., 19	98	5

George H Ryan SECRETARY OF STATE