# F99000004075

ARNOLD S. NEWMAN\*
ARDWIN E. BOYER
DAVID A. STATHAM
KRISTIN M. BOYER\*\*
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J. MICHAEL CONDRON
JAMES S. HAMMAN
DAWN M. BARTELSEN

\* ADMITTED IN FLORIDA, COLORADO

\*\* ADMITTED IN MINNESOTA

ATTORNEYS AT LAW

900 MAPLE ROAD HOMEWOOD, ILLINOIS 60430

Newman & Boyer, Ltd.

TELEPHONE (708) 957-5500 FACSIMILE (708) 957-5541 CHICAGO OFFICE: 222 N. LA SALLE STREET SUITE 2310 CHICAGO, IL 60601 TEL: (312) 443-1998 FAX: (312) 443-1286

July 1, 1999

Secretary of State Qualification/Tax Lien Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: LJH Consultants, Ltd./Sunshine Graphics

Dear Sir/Madam:

500002938496--7 -07/22/99--01051--001 \*\*\*\*\*70,00 \*\*\*\*\*70,00

This office represents LJH Consultants, Ltd., an Illinois corporation.

Enclosed please find the following documents to be filed with your office:

- 1. Duplicate Transmittal Letters.
- 2. Duplicate Application by Foreign Corporation for Authorization to Transact Business in Florida and a check in the amount of \$70.00 for the filing fee.
- 3. Duplicate Application for Registration of Fictitious Name and a check in the amount of \$50.00 for the filing fee.
- 4. State of Illinois Certificate in Good Standing for LJH Consultants, Ltd.

Please file Application for Registration of Fictitious Name after filing the Application to Transact Business in Florida.

Please send the acknowledgements/certificates to our office.

If you have any questions, please feel free to call collect.

Very truly yours,

NEWMAN & BOYER, LTD.

Arnold S. Newman

ASN:tw

Enclosures

cc: LJH Consultants, Ltd.



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 28, 1999

NEWMAN & BOYER, LTD. ATTN: ARNOLD S. NEWMAN 900 MAPLE ROAD HOMEWOOD, IL 60430

SUBJECT: LJH CONSULTANTS, LTD.

Ref. Number: W99000017469

We have received your document for LJH CONSULTANTS, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

The document must contain the entity's complete mailing address.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 299A00038509

ARNOLD S. NEWMAN\*
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August 3, 1999

Florida Department of State Divisions of Corporations Post Office Box 6327 Tallahassee, Florida 32314

ATTN: Agnes Lunt, Document Specialist

RE: LJH Consultants, Ltd. Ref. No. W99000017469

Dear Ms. Lunt:

Per your letter dated July 28, 1999, enclosed is the corrected Application by Foreign Corporation for Authorization to Transact Business in Florida along with a copy of your July 28 letter.

I assume that you have retained the Certificate of good Standing.

After this filing is complete, please forward our Application for Registration of Fictitious Name and our check in the amount of \$50.00 to the appropriate department for filing.

If you have any questions, please feel free to call.

Very truly yours,

NEWMAN & BOYER, LTD.

Arnold S. Newman

ASN:tw

Enclosure

QQ AIIC - C DM O: L.T

#### TRANSMITTAL LETTER

•	of Corporations	r			
SUBJECT:	LJH Consultants, Ltd.				
<del></del>	(Name of corporat	ion - must include suffix)			
Dear Sir or Mad	am:				
	pplication by Foreign Corporation for xistence", and check are submitted to ess in Florida.				
Please return all	correspondence concerning this matt	er to the following:			
!					
-	(Name of Person)				
:	Newman-& Boyer				
·	(Firm/C	ompany)			
	900 Maple Road				
	. (Ad	dress)			
· · · -	Homewood, IL 60430		<u> </u>		
	(City/State/Zip)				
61 b7 b		ton -loose cell.			
Should Aon used	to call someone concerning this mat	ter, please call:			
Arnold S. 1	Newman at ( 708	) 957–5500			
(Name o	of Person) (Area	. Code & Daytime Telephone Nu	=======================================		
			SECRE 99 AUG		
STREET ADDRESS:		MAILING ADDRESS:	UG -6		
Qualification/Tax Lien Section Division of Corporations		Qualification/Tax Lien Sectio Division of Corporations			
409 E. Gaines St. Tallahassee, FL 32399		P.O. Box 6327 Tallahassee, FL 32314	STATE ORATIOHS 2: 45		
Enclosed is a che	ck for the following amount:				
<b>酒</b> \$70.00 Filing .	Fee	Certified Copy C	7.50 Filing Fee, ertificate of Status & ertified 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 wor viations of like import in lang or partnership if not so conta	guage as will clearly in	dicate that it is a corporation		
· Illino	is	3.	36-4299938		
(State or countr	y under the law of which it is	incorporated) _	(FEI number, it	f applicable)	
May 25,	1999	5. Perp	etual		
(Da	te of incorporation)	(Duratio	n: Year corp. will cease to	existor "perpetual")	
Anticipat	ed date is July 1, 1	999	·		
(Date firs	t transacted business in Flori	da.) (SEE SECTIONS	607.1501, 607.1502 and 81	7.155, F.S.)	
920 West	175th Street				
Homewood	, IL 60430				
		rrent mailing address)			<del></del>
(Purpose	c design (s) of corporation authorized eet address of Florida re Gary Garbis			3.0	DIVISION OF
fice Address:	3399 Southwest Thin	d Avenue		C	CARPON
	Miami		_, Florida,33145 (Zip code)	<u>.</u>	2: 45
aving been name is application, I th the provision:	agent's acceptance:  ed as registered agent and to hereby accept the appointme s of all statutes relative to th my position as registered age	ent as registered agent e proper and complete	and agree to act in this cap performance of my duties,	acity. I further agre	e to comp

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

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

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)			
Chairman:	Larry J. Hoffman			
	920 W. 175th Street			
_	Homewood, IL 60430			
Vice Chairn	nan:			<del></del>
Address: _	,			
Director: _	Larry J. Hoffman			
Address: _	920 W. 175th Street Homewood, IL 60430		<del></del>	
Director: _	· = .			
Address:				
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	<del>-</del>		—
President: _	Larry J. Hoffman		- 	<u>.                                    </u>
Address: _	920 W. 175th Street	99 P.	<u>}</u>	<u> </u>
_	Homewood, IL 60430		R E = -	
Vice Preside	ent:	<u> </u>		_
Address:		PM 2: 45	STATE OF	· —
Secretary: _			<del>- 07</del>	
Address:				
 Treasurer: _				
			<del></del>	
– NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.			_
13	(Signatury of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			<u>—</u>
14				
	(Typed or printed name and capacity of person signing application)			

File Number 6051-462-3



### 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 \_\_\_\_\_\_  $\frac{11TH}{day \ of}$  \_\_\_\_\_ A.D. \_\_\_\_\_\_ .

Desse White