

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duninger Fully Wisse)
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

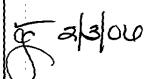
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TALLATA SSEE FLOPIDA



TRANSMITTAL LETTER

2005 JAN 31 PM 4: 26

	. I					
TO: Registration Section Division of Corporations	TALLAHASSEE FLORIE					
SUBJECT: AN BAS Capor	ution					
(Name of corpora	tion - must include suffix)					
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.						
Please return all correspondence concerning this mat	ter to the following:					
	-					
JOSE A. Mant	of Person)					
AN Bros, Conportion (Firm/Company)						
(Firm/C	Company)					
2615 COVENTAL	LANE					
(Ad	dress)					
OcoEG FL 34 (City/State	761					
(City/Stat	e and Zip code)					
For further information concerning this matter, please	e call:					
José A. Garcia at (7)	286-2135					
(Name of Person) at (7)?	a Code & Daytime Telephone Number)					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:						
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & 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.

1 A	N BRO	s. Corporation	J	·					
words or abbre	eviations of like	iclude the word "INCORPO! import in language as will c if not so contained in the nan	learly ind	dicate that it is					*
2. <u>IUi</u>			_ 3	36-	443	0356 er, if applicabl			
(State or count	ry under the law	of which it is incorporated)		; '	FEI numbe	er, if applicabl	ie)		
4. <u>2</u>	- 08- 2	001	_ 5	<i>y</i> 6	erpe-	tues			
(Da	ate of incorpora	tion)	(T	ouration: Year	r corp. wil	I cease to exis	it or "perpeto	ıal")	
6. "UPO	IANG U	ification"			-				
(Date first trans	sacted business	in Florida. If corporation ha (SEE SECTIONS 607.					on qualificat	ion.")	
7. 452	6 S	St. Louis Ave, (Principal office	Ch	i cago	IL	60632			
		(Principal office	address) "					
452	6 S. S	t Louis Ave.	Ch	ries gr	IL	60637	<u></u>		
The Ti	unsation	t Louis Ave. (Current mailing of Ary on All. utal under the I	address	of Purpos	es for	which e	orponati	ori Sign	2
									s. Constr
(Purposi	e(s) of corporati	on authorized in home state	or count	ry to be carrie	d out in sta	ate of Florida)	∑,	2(
9. Name and st	treet address	of Florida registered age	ent: (P.	O. Box or M	ail Drop	Box <u>NOT</u> ac	ceptable)	OOC JAN 3.1	±~t
Name:	J05€	A. Marstinez	1	_			HAS	A. 3	
Office Address:	2615	Coventry LANE					1338 19		
	OCOE	<u> </u>		_ , Florida _	347	G 1		2:11 III	
		(City)	! !	-	(Zip cod	le)		26	Talker of the Control
***			1						

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.

(Negistered 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: José A. MANTINEZ	
Address: 2615 Coventry LANE	N. and the secondary of
OCDEE, PL 34761	
Vice Chairman:	
Address:	A. 33
	PH T
Director:	31
Address:	OP 2
	P
Director:	
Address:	
	
B. OFFICERS	
President: DSE A. MANTIME	
President: DSE A. MANTIME Address: 2615 Covertay Lane	
Oco EE, FL 34761	
Vice President:	<u> </u>
Address:	
	-
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the applica	tion listing additional officers and/or directors
13. Signanue of Chairman, Vice Chairman or any o	fficer listed in number 12 of the application)
Total A Caral	
(Typed or printed name and capacity of p	erson signing application)

File Number

6148-401-9



To all to whom these Presents Shall Come, Greeting:

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

A N BROS CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE FEBRUARY 8, 2001, 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 Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of

the State of Illinois, this

19TH

day of

JANUARY

A.D.

2006

Desse White

SECRETARY OF STATE