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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Phlegon, Inc.

Certificate of Status	0
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12/27/2012
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12/27/2012

**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. PHLEGON, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 36-4140354
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 30, 1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 65 E. BELLEVUE PLACE, CHICAGO, IL 60611
(Principal office address)

65 E. BELLEVUE PLACE, CHICAGO, IL 60611
(Current mailing address)

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois
Business Corporation Act and not prohibited under the Florida Business Corporation Act.

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

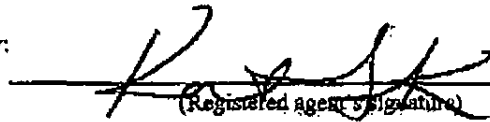
Plantation, Florida 33324
(City) (Zip code)

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.*

C T Corporation System

By:


(Registered agent's signature)

Katie Szramek
Assistant Secretary

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SARINDA FULGONI

Address: 65 E. BELLEVUE PLACE

CHICAGO, IL 60611

Director: _____

Address: _____

B. OFFICERS

President: SARINDA FULGONI

Address: 65 E. BELLEVUE PLACE

CHICAGO, IL 60611

Vice President: _____

Address: _____

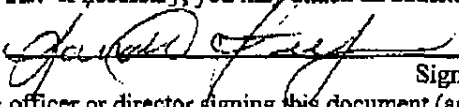
Secretary: GIAN FULGONI Asst. Secretary: RICHARD A. SUGAR

Address: 65 E. BELLEVUE PLACE, CHICAGO, IL 60611 30 N. LASALLE ST., #3000, CHICAGO, IL 60602

Treasurer: SARINDA FULGONI

Address: 65 E. BELLEVUE PLACE, CHICAGO, IL 60611

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

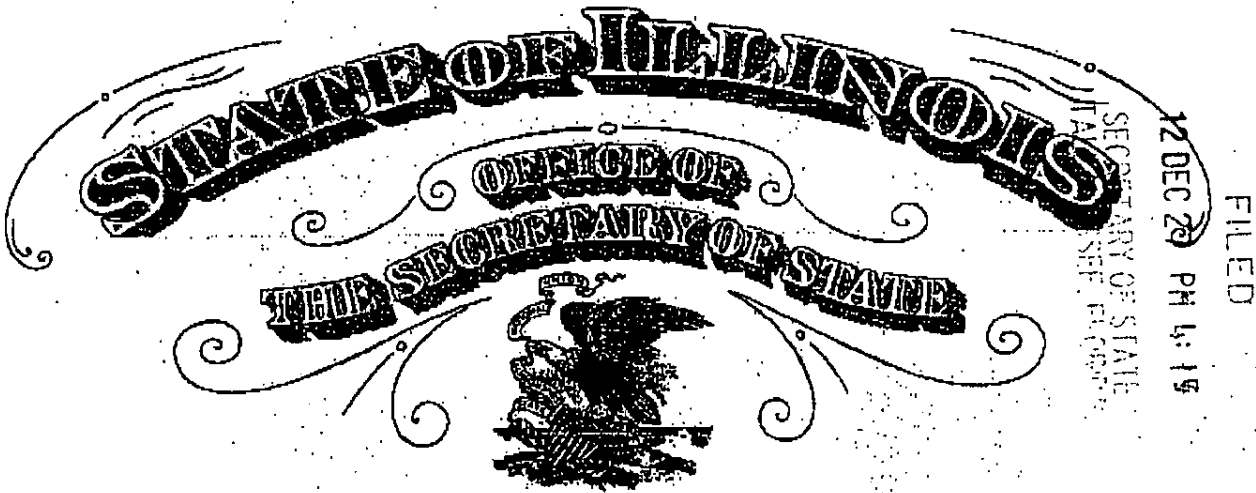
14. SARINDA FULGONI - DIRECTOR & PRESIDENT

(Typed or printed name and capacity of person signing application)

FILED
12 DEC 27 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FL 32310

File Number

5919-041-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PHLEGON, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 30, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE 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 13TH
day of NOVEMBER A.D. 2012

Jesse White

SECRETARY OF STATE

Authentication #: 1231802679

Authenticate at: <http://www.cyberdriveillinois.com>