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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITT REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Blackhawk Armenia, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) Upon Qualification (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 100 North LaSalle Street, Suite 910 Chicago, Illinois (Current mailing address) Investment in an Illinois limited partnership. (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 or Mail Drop Box NOT acceptable) Lexis Document Services Inc. Name: 3953 W. W. Kelley Road Office Address: ____ , Florida. Tallahassee 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. 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

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

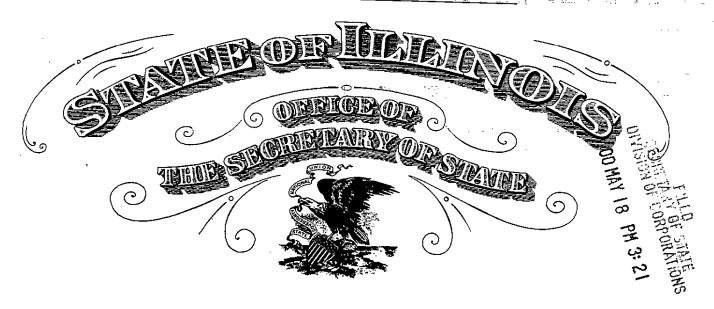
which it is incorporated.

A. DIRECTORS	S (Street address only - P.O. Box NOT acceptable)
Chairman:	Not Applicable
Address:	
Vice Chairman:	Not Applicable
Address:	<u> </u>
	Gary S. Richman
Director:	
Address:	100 North LaSalle Street, Suite 910
	Chicago, Illinois 60602
Director:	Not Applicable 2
Address:	<i>S</i>
B. OFFICERS	(Street address only - P.O. Box NOT acceptable)
President:	Gary S. Richman
Address:	100 North LaSalle Street, Suite 910
	Chicago, Illinois 60602
Vice President: _	Not Applicable
Address:	
Secretary:	Gary S. Richman
Address:	100 North LaSalle Street, Suite 910
	Chicago, Illinois 60602
Treasurer:	Gary S. Richman
Address:	100 North LaSalle Street, Suite 910
	Chicago, Illinois 60602
	ssary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	Gary S. Richman, President (Typed or printed name and capacity of person signing application)

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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

Desse White

SECRETARY OF STATE