| REFERENCE: (Sub Account) | ACCOUNT FILING COVERS 20268 7 - | HEET. | |
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| REQUESTOR 'HAM | E: Lexis Document Serve | . 6- | ं क्षा क्रीडिंग '≜ - |
| ADDRESS: | AHASSEE FLORIC | FEB -8 PM 5: | : |
| TELEPHONE: | () () oxt (| <u> 8</u> | |
| CONTACT NAME: | | <i>)</i> | , · · · · · |
| сопропатіон нані | Blackhawk LETA, Inc | C | |
| DOCUMENT NUMBER: (if applicable) | | | |
| AUTHORIZATION: | Cynthin J. Woodyard | 1_ | <u> </u> |
| CERTIFIED CO CERTIFICATE (PLAIN STAMPER | PY (1-9) OF STATUS (1-9) O COPY | 62386 | 0 |
|) Call When Rea | | | |

ASEA RING OF STATE DIVISION OF CORPURATIONS TALL ANSSEE, FLORIDA

01 EEB -8 bW 1:12

BECEINED

Merst M2/8 APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

| | | DODITIESS III | FEORIDA | 70 | ; ~ ~ |
|---|--|--|--|---|---|
| IN COMPLIANO | CE WITH SECTION 607.1503 DREIGN CORPORATION TO | B, FLORIDA STAT | TUTES, THE FOLLOWI | ING IS SUBMITTE | FILED ST. |
| ICOSTER A FC | KEIGN COKFOKATION 10 | IKANSACI BU | SINESS IN THE STATE | OF FLORIDA. | A TO |
| 1 | BLAC | KHAWK UTA, | INC. | | |
| words or abbrev | oration; must include the word "I viations of like import in languag or partnership if not so contained | ge as will clearly in | dicate that it is a corporation | PRATION" or on instead of a | Si 32 |
| 2. <u> </u> | linois ry under the law of which it is in | ·=-a. <u>-</u> 3 | Applie | d for | |
| (State or count | ry under the law of which it is in | corporated) | (FEI number | r, if applicable) | |
| 4. <u>F</u> e | ebruary 5, 2001 te of incorporation) | 5. | Perpet | ual | |
| (Dat | e of incorporation) | (1) | Ouration: Year corp. will o | cease to exist or "pen | petual") |
| 6. Upo | on Qualification | | <u></u> | | |
| (Date first transa | acted business in Florida. If corp (SEE SECT) | ooration has not trai ONS 607.1501, 60 | nsacted business in Florida 7.1502 and 817.155, F.S.) | | , |
| 7. <u>100 Nort</u> | th La <u>Salle Street</u> (Princ | Suite 91(cipal office address |), Chicago, Tli | linois 6060 |)2 |
| | (Curn | ent mailing address |) | | |
| | (| and the same of th | , | | |
| 8. Inv | <u>vestment in an Ill</u> | inois limi | ted partnershi | : m | |
| (Purpose(| s) of corporation authorized in h | ome state or countr | y to be carried out in state | of Florida) | |
| 9. Name and str | <u>eet address</u> of Florida regis | tered agent: (P. | O. Box or Mail Drop Bo | ox <u>NOT</u> acceptable |) |
| Name: | Lexis Document S | Services Ir | œ. | | |
| Office Address: | 3953 W. W. Kelle | y Road | <u> </u> | | |
| | Tallahassee | | Florida 32311 | - | |
| | (City) | | (Zip code) | | * ***, |
| Having been nan designated in this further agree to d | agent's acceptance: ned as registered agent and t s application, I hereby accep comply with the provisions of familiar with and accept the | t the appointmen f all statutes relai | t as registered agent an tive to the proper and co | d agree to act in th Omplete performan | is canacity. I |
| | LEXIS DOCUMENT S | | _ | | |
| | By: Clustway G | Marky | | | |
| _ | (Regis | tered agent's signat | ure) | | |
| 11 Attached is a | certificate of existence duly | anthontion to do and | | | - |

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: | Not Applicable | 40. 9 |
|------------------------|--|--|
| | | |
| Vice Chairma | n: Not Applicable | ASSECTION OF THE PARTY OF THE P |
| - · · · · · | 1 | |
| Director: | Gary S. Richman | |
| | 100 North LaSalle Street, Suite 910 | |
| | Chicago, Illinois 60602 | |
| Director: | Not Applicable | |
| | | |
| B. OFFICE | | |
| | Gary S. Richman | - |
| Address | 100 North LaSalle Street, Suite 910 Chicago, Illinois 60602 | <u> </u> |
| Vice President: | : Not Applicable | |
| | | |
| Secretary: | Gary S. Richman | |
| Address: | 100 North LaSalle St., Suite 910, Chicago, Ill | inois 60602 |
| Treasurer: | Gary S. Richman | |
| Address: | 100 North LaSalle St., Suite 910, Chicago, Ill | inois 60602 |
| NOTE: If nec | cessary, you may attach an addendum to the application listing additional officers a | |
| 4 | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the | e application) |
| 14 | Gary S. Richman, President | |
| | (Typed or printed name and capacity of person signing application) | - |



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 _______ 5TH day of ______ FEBRUARY __ A.D. _____ 2001 __.

Desse White