

nega Senice	Solutions Inc	100003942741
		-04/02/0101025022 *****87.50 *****87.50
	Some	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature		Fictitious Owner Search Vehicle Search
Requested by: Name	4 2 01 <u>10:00</u> Date Time	Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval
Walk-In	Will Pick Up	Courier



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 2, 2001

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: MEGA SERVICE SOLUTIONS, INC.

Ref. Number: W01000007347



We have received your document for MEGA SERVICE SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

We cannot accept the CERTIFIED COPY OF THE REINSTATMENT of your corporation.

The certificate that you must obtain from the Illinois Secretary of State is a CERTIFICATE OF EXISTENCE. This is a 1-page certificate that states that the corporation is filed in Illinois, and that it hasn't filed Articles of Dissolution as of the date of the certificate. The certificate must be dated within the past 95 days.

Please return your document, along with a copy of this letter, within 60 gays your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 401A00019526

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. MEGA SERVICE SOLUTIONS, INC. 1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of ac natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 2300 N. ABRRINGTON, # 400, HOFFMAN ESTATES, IL 60195 (Principal office address) 60195 2300 N. BARRINGTON, #400, HOFFMAN ESTATES, IL (Current mailing address) ANY AND ALL LAWFUL ACTIVITIES (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) JOSEPH L. DIAZ, ESQ. 2522 W. KENNEDY BLVD. Office Address: TAMPA, FL . Florida (City) 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. (Registered 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:	HAROLD PRECIADO
Address:	5601 LAKESIDE DRIVE, LISLE, ILLINOIS 60532
Vice Chairman:	NONE ET E
Address:	
	
Director:	HAROLD PRECIADO
Address:	5601 LAKESIDE DRIVE, ILLINOIS 60532
Director:	
Address:	
B. OFFICERS	
	HAROLD PRECIADO
	5601 LAKESIDE DRIVE, LISLE, ILLINOIS 60532
Vice President:	SAME AS ABOVE
Address:	
Secretary:	SAME AS ABOVE
Address:	
Treasurer:	SAME AS ABOVE
Address:	
NOTE: If necess	ary, you may attach an addendum to the application listing additional officers and/or directors.
13(S	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	HAROLD PRECIADO (Typed or printed name and conseits 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 $_$ 3RD day of $_$ A.D. $_$ 2001 .

Desse White