F0(000002381°

| TO: Registration Sec Division of Cor | | | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| SUBJECT: | Wochner | Inc. | | |
| | · · · · · · · · · · · · · · · · · · · | ration - must include suffix | () | _ |
| Dear Sir or Madam: | | | | |
| The enclosed "Applicate "Certificate of Existence to transact business in F | ion by Foreign Corporation e", and check are submitted lorida. | for Authorization to Trans to register the above refer | sact Business in Florida", enced foreign corporation | |
| Please return all corresp | ondence concerning this m Sweeney (Name | atter to the following: | 000004044 -04/23/01 *****70.00 | 4280 -01119011) ******70.0 |
| | (Nam | ne of Person) | | - · |
| | | | 1.38 | 1-9460 |
| | | /Company) | | |
| 814 W. | Chestnut St. ngton IL (City/St | 70 Box | 3697 | |
| | (/ | Address) | <u> </u> | |
| Bloomi | naton TI- | 101702- | 31097 | |
| | (City/St | ate and Zip code) | <u></u> | <u>.</u> 7 ; |
| | | | | |
| For further information | concerning this matter, plea | ase call: | | |
| Mary Dis 7 (Name of Perso | Brown at (30 | 09) 828-7 rea Code & Daytime Telep | 750 shone Number) 5 2 2 | |
| STREET ADDRESS: Registration Section | | MAILING ADDRES Registration Section | | |
| Division of Corporations 409 E. Gaines St. | S | Division of Corporate P.O. Box 6327 | | |
| Tallahassee, FL 32399 | | Tallahassee, FL 323 | 14 | |
| Enclosed is a check for t | he following amount: | | T 3 | |
| X \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certificate of Status | mh. 5/4 |

Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 26, 2001

TRACEY SWEENEY PO BOX 3697 BLOOMINGTON, IL 61702-3697

SUBJECT: WOCHNER, INC. Ref. Number: W01000009460

We have received your document for WOCHNER, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 701A00024759

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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 SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1. Wochner, Inc. | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| (Name of corporation; must include the word "TNC words or abbreviations of like import in language natural person or partnership if not so contained in | CORPORATED", "COMPANY", "CORPORATION" or as will clearly indicate that it is a corporation instead of a the name at present.) | |
| 2. Illinois | 3. 37-1408472 | |
| (State or country under the law of which it is inco | | |
| (Date of incorporation) | s. <u>perpetual</u> | |
| 6. <u>upon qualifica</u> | (Duration: Year corp. will cease to exist or "perpetual") | |
| (Date first transacted business in Florida.) If corpor | ration has not transacted business in Florida, insert "upon qualification.") NS 607.1501, 607.1502 and 817.155, F.S.) | |
| 7. 814 W. Chestnut S | it. PD Box 3697 | |
| <i>(</i>) | al office address) | |
| (Current | L 6170 2 - 3697 | |
| 8. <u>retail</u> convenu | ence / fuet | |
| (Purpose(s) of corporation authorized in hon | ne state or country to be carried out in state of Florida) | |
| 9. Name and <u>street address</u> of Florida register | red agent: (P.O. Box or Mail Drop Box NOT acceptable) | , er |
| Name: Mary Dwen | | - |
| Office Address: <u>Le DOG</u> San | lose Blud. Apt 9B | · , |
| <u>Jacksonville</u> | FL, Florida 32217 (Zip code) | |
| 10. Registered agent's acceptance: Having been named as registered agent and to e designated in this application, I hereby accept to | accept service of process for the above stated corporation at the plac he appointment as registered agent and agree to act in this capacity all statutes relative to the proper and complete performance of my | ce . I |
| Man | y Oven | |
| (Register | ed agent's signature) | |
| 11 44 1 15 40 | | |

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.

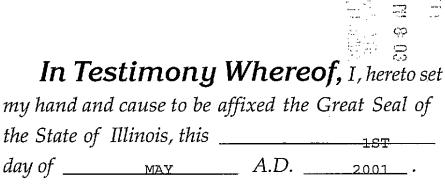
| 12. Names and asiness addresses of officers and/or directors: |
|-----------------------------------------------------------------------------------------------------------------|
| A. DIRECTORS |
| Chairman: A. Michael Dwens |
| Address: 3 London Ct |
| Bloomington IL 61704 |
| Vice Chairman: Judy Nelcher |
| Address: 48 Brookshive Green |
| Blooming ton IL 61704 |
| Director: <u>Suzanne</u> Dwens |
| Address: 106 Camelot Drive |
| Blooming ton, IL 61704-4612 |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: A. Michael Owens |
| Address: 3 London Ct. |
| Blooming Jon, IL le1704 |
| Vice President: 14 dv Melahox |
| Address: 48 Brook Sheil Green |
| Blooming for IL 61704 |
| Secretary: Suzaune Dwens |
| Theas Address: 106 Camelot Drive |
| Treasurer: Rhodminaton IL 61704 |
| Address: |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. Gedeth Caron Melche |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. Judith Owens Melcher Lice President (Typed or printed name and capacity of person signing application) |

File Number 6155-455-6



To all to whom these Presents Shall Come, Greeting:

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





Desse White