## TRANSMITTAL LETTER

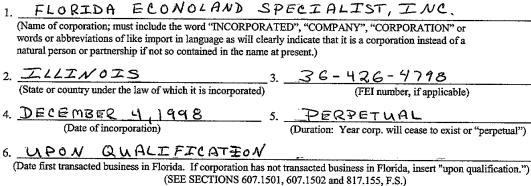
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TO: Registration Section Division of Corporations	-	-	
SUBJECT: FLORIDA	ECONOLAND SF	PECIALIST, INC.	
(N	ame of corporation - must inclu	de suffix)	<del></del>
Dear Sir or Madam:		90000433: 	56391 5 *****78.75
The enclosed "Application by Foreigr "Certificate of Existence", and check to transact business in Florida.	a Corporation for Authorization are submitted to register the abo	to Transact Business in Florida" ove referenced foreign corporation	y, OTA
Please return all correspondence conc	erning this matter to the followi	ing:	
KURT G. SC	HIEBER		
	(Name of Person)		
KURT G. SCH	AIEBER Esq.		
	(Firm/Company)		
5940 S.W.	1st. Aue.		
	(Address)		
CAPE CORAL	(City/State and Zip code)	3914-7168	
	(City/State and Zip code)		
For further information concerning thi	is matter, please call:		
KURT G. SCHIEBER	at (941 ) 542-	- 0749	
(Name of Person)	(Area Code & Daytin	me Telephone Number)	
			0
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 63: Tallahassee,	Section Corporations 27	
Enclosed is a check for the following	amount:		ر ه
S70.00 Filing Fee S78.75 Fi Certifica	ling Fee & S78.75 Filing the of Status Certified Cop		

## 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. FLORIDA ECONOLAND SPECIALIST, TARC



7. <u>5524 W. Lawrence Avenue, Chicago, Illinois 60630</u>
(Principal office address)

5524 W. Lawrence Avenue Chicago, Illinois 60630 (Current mailing address)

8. ANY LEGAL BUSINESS				
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Flori		1.0	2	-
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box or Mail Drop Box <u>NOT</u>	<u>r</u> acce	eptable)	Ē	
Name: KURT G. SCHIEBER		1 1 kg	<u> </u>	-
Office Address: 4426 SE 16th Place #2	<del>-</del>	ران رائز لسو	13	و ه چ خسوره خسوره

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 dusiness addresses of officers and/or directors.	
A. DIRECTORS	
Chairman: HERMES D. BORY	
Address: 5524 W. LAWRENCE AUENUE	
Chicago Illinois, 60630	
Vice Chairman: ANAY BORY	
Address: 5524 W. LAWRENCE AUENUE	-
Chicago Illinois, 60630	
Director:	
Address:	
Director:	
Address:	
Actuess.	
B. OFFICERS	
President: + ERMES D BORY	
Address: 5524 W. LAWRENCE AVENUE	
Chicago, Illinois 60630  Vice President: ANAY BORY	
Address: 5524 W. LAWRIENCE AVIENUE	
Chicago, T//inois 60630 Secretary: / Treasurer: ANAY BORY	- 12 P
Secretary: / Treasurer - ANAY BOR9	7.1.6.1.7
Address: 5524 W. LAWRENCE AFENU	12, Chicago 111. 6063
CHIEF OPPERATING OFFICER : KURT G.	SCHIZBER
Address: 4426 S.E. 16th Place 2; CAPE CORAL, FL.	33904
NOTE: If necessary, you may attach an addendum to the application listing additional officer	rs and/or directors.
13. Henre A. Bolling of Chairman or any officer listed in number 12 of	the application)

HERMES D. BORY

(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

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my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_ A.D. \_\_\_\_\_\_.

SECRETARY OF STATI