

# F02000000247

LAWRENCE P. NEAL CPA & ASSOCIATES, P.C.  
624 EAST PARK AVENUE • P.O. Box 248  
LIBERTYVILLE, ILLINOIS 60048

City/State/Zip

Phone #

600004773346--8  
-01/14/02--01067--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Certificate of Status |
|                                   | <input type="checkbox"/> Photocopy          |  |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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02 JAN 14 PM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtu  
1/16

Examiner's Initials

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERIGRAPHX Corp  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LAWRENCE P. NEAL CPA  
(Name of Person)

LAWRENCE P. NEAL CPA & ASSOCIATES, PC  
(Firm/Company)

624 E. PARK AVENUE, PO BOX 248  
(Address)

LIBERTYVILLE, IL 60046  
(City/State and Zip code)

For further information concerning this matter, please call:

LARRY NEAL at 847-680-1730  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

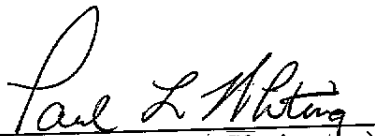
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. AMERIGRAPHX Corp  
(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.)
2. ILLINOIS  
(State or country under the law of which it is incorporated)
3. 36-3948349  
(FEI number, if applicable)
4. 1/28/1994  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. OCTOBER 1, 2001  
(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.)
7. 624 E. PARK AVENUE LIBERTYVILLE IL 60048  
(Principal office address)  
  
\_\_\_\_\_  
(Current mailing address)
8. HIRED EMPLOYEE AS FINANCIAL ANALYST WHO RESIDES IN FLORIDA  
(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)  
  
Name: PAUL L. WHITING  
  
Office Address: 1718 RICHARDSON PLACE  
  
TAMPA, Florida 33606  
(City) (Zip code)

**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: PHILIP M. WHITING

Address: 624 E PARK AVENUE

LIBERTYVILLE, IL 60048

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: PHILIP M. WHITING

Address: 624 E PARK AVENUE

LIBERTYVILLE, IL 60048

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: PHILIP M. WHITING

Address: 624 E PARK AVENUE

LIBERTYVILLE, IL 60048

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: PHILIP M. WHITING

Address: 624 E PARK AVENUE, LIBERTYVILLE, IL 60048

Treasurer: PHILIP M. WHITING

Address: 624 E PARK AVENUE, LIBERTYVILLE, IL 60048

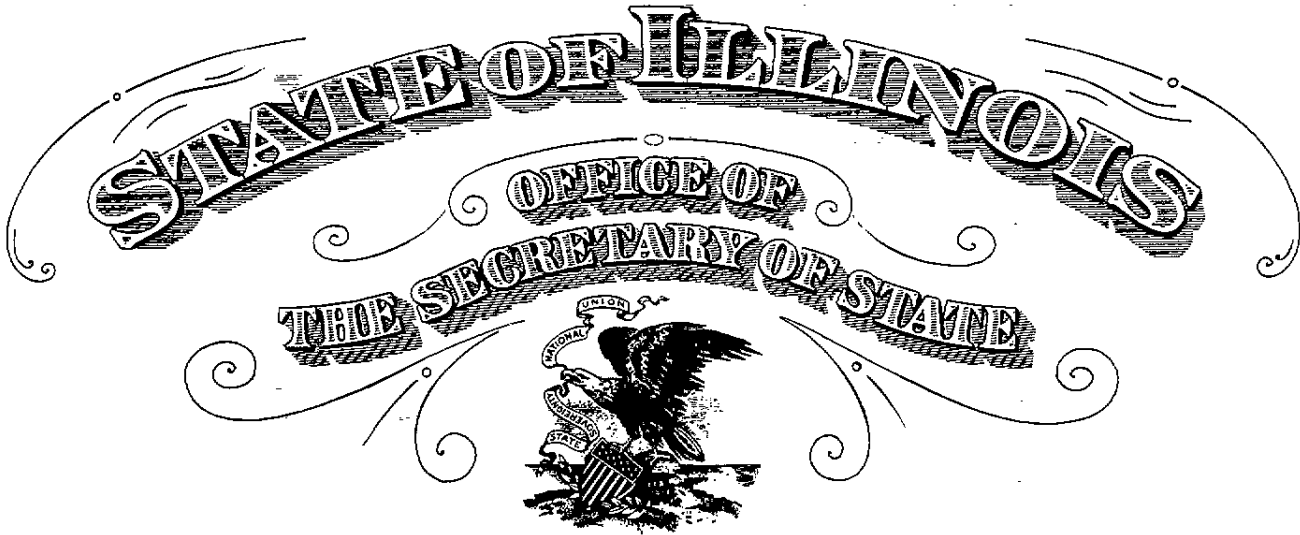
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Philip M. Whiting, President*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PHILIP M. WHITING, CHAIRMAN

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that* AMERIGRAPHICS CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JULY 15, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*

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*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 NOVEMBER A.D. 2001

*Jesse White*

SECRETARY OF STATE