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| TO: | Registration of Division of | | | | | | | |
|-------------------------------|--|-----------------------|---|----------------|---|-----------|--|--------|
| SUBJI | \ | | eme Tra | | C Build n - must include suffin | EVS K) | i, Inc. | |
| Dear Si | r or Madam | : | | | | | | |
| "Certifi | closed "App cate of Exis act business | tence", | and check are submi | ion for a | Authorization to Tranegister the above refer | sact Bu | siness in Florida", foreign corporation | |
| Please 1 | return all co | rrespond | lence concerning thi | s matter | to the following: | | | |
| | Lua | 1 L | · Links | Jame of | Person) | | PLONE ROR 2 | 2/1/2 |
| Xt | reme | TV | affic Bu | | ers Inc | | No. S. C. | ة آ |
| 33(| .5 AI | gon | guin Road | <u>(</u> Addr | Suite 100 | > | | 25 |
| Ro | lling | Me: | odous, 1 | し //State a | <u>40008</u> nd Zip code) | | · | |
| For furt | ther informa | tion con | cerning this matter, | | <u></u> | 800 | 005292923- -04/18/02010490 ******70.00 ******7 | |
| <u>u</u> | (Name of) | <u>inK</u> Person) | <u>S</u> at (| | 755 - 9 Code & Daytime Teler | | | - |
| Registra Divisio 409 E. | ET ADDRE ation Section n of Corpora Gaines St. ssee, FL 32 | n ations | | | MAILING ADDRE Registration Section Division of Corporar P.O. Box 6327 Tallahassee, FL 323 | tions | | |
| Enclose | ed is a check | for the | following amount: | | | | | |
| ⊠∕ \$70. | 00 Filing Fe | e 🗆 | \$78.75 Filing Fee & Certificate of State | | \$78.75 Filing Fee & Certified Copy | ٥ | \$87.50 Filing Fee, Certificate of Status & Certified Copy | |
| | | | | | | | | |

1002-11439 J. BRYAN APR 2 3 2002

A BRYAN MAY 6 2002



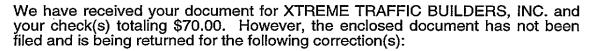
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 23, 2002

LUCY L. LINKS 3315 ALGONQUIN RD., STE. 100 ROLLING MEADOWS, IL 60008

SUBJECT: XTREME TRAFFIC BUILDERS, INC.

Ref. Number: W02000011439



The registered agent and street address must be consistent wherever it appears in your document.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of 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) 245-6043.

Joey Bryan **Document Specialist** Tax Liens

Letter Number: 802A00024207

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. | (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. | (State or country under the law of which it is incorporated) 3. 344195481 (FEI number, if applicable) |
| 4. | November 13, 1997 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") |
| 6 | Upon Qualification |
| ٥. | (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.) |
| | 3315 Algonquin Road Suite 100 Rolling Meadous, 11 Le0009 (Principal office address) |
| | 3315 Algonquin Rd. Suite 100 Rolling Mesdows, 1- 40008 (Current mailing address) |
| 8. | Direct Mail Advertising: Automotive (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: Math Man Mark Mark Mark Morning Correct: Florida & Offshore Business Formshon, Inc. (City) Florida 34477 (Zip code) Correct: Florida & Offshore Business Formshon, Inc. 305. Broad Street Brooksville, FL 34401 |
| H |). Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place esignated 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.

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: |
| Address: 20 E. Cedar # 2 E |
| Chicago, IL redell |
| Vice Chairman: Donald R. Druse |
| Address: DD E. Cedar # DE |
| Chicago, IL 40611 |
| Director: Donald R. Druse |
| Address: DO E. Cedar # DE |
| Chicago, 12 leolell |
| Director: Donald R-Druse |
| Address: 20 E. Cedav # JE |
| Chicago, 12 leole11 |
| B. OFFICERS |
| President: Donald R. Druse |
| Address: 20 E. Cedar # DE |
| Chicago, IL leolell |
| Vice President: Flamura Sulcimani Robert. Hovey Frank Colacino |
| Address: 850 W. Altgeld # 2 2157 W. Evergreen #1A 550 Rose Lone |
| Chicago, IL LOWILL Chicago, IL LOURS Bartlett, 1- 40103 |
| Secretary: Flomura Gulejmani |
| Address: 950 W. Altgeld #2 Chicago, IL Leous4 |
| Treasurer: Donald R. Druse |
| Address: DO E. Cedar # DE Chicago, IL 40611 |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13 |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. Donald R. Druse |
| (Typed or printed name and capacity of person signing application) |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the company is: Xtreme Traffic Builders, Inc.
- 2. The name and address of the registered agent and office is:

Florida & Offshore Business Formation, Inc. 20 S. Broad Street Brooksville, FL 34601

Having been named as registered agent and to accept service of process for the above stated company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alan Teegardin

2.0

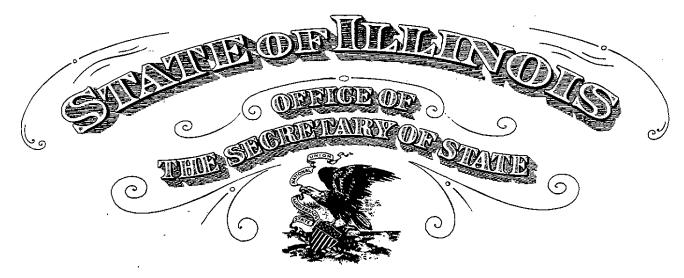
For and on behalf of Florida & Offshore Business Formation, Inc.

Dated: April 17, 2002

2002 APR 25 AM 8: 25

VALION OF CORPORATION:
VALI ANASSEE FLORIDA

File Number



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