

# F02 00000 2601

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDINA MANAGEMENT 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:

MAJ SHERWANI

(Name of Person)

MEDINA MANAGEMENT CORP.

(Firm/Company)

500005574215-4

05/20/02 01043 015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

11936 S. RIDGEWAY, #1B

(Address)

ALSIP, IL. 60803

(City/State and Zip code)

For further information concerning this matter, please call:

MAJ SHERWANI

(Name of Person)

at ( 630 ) 452-5028

(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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02 MAY 21 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

M THOMAS  
SP2

**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. MEDINA MANAGEMENT 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 3. 36-4025313  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 23, 1995 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 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.)
7. 11936 S. RIDGEWAY, #1B, ALSIP, IL. 60803  
(Principal office address)
- 11936 S. RIDGEWAY, #1B, ALSIP, IL. 60803  
(Current mailing address)
8. PROVIDE REAL ESTATE SERVICES, MANAGEMENT AND MAINTENANCE  
(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: MUSTAFA A. SHERWANI
- Office Address: 7769 IRLO BRONSON MEM. HWY.  
KISSIMMEE, Florida 34747  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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: MUSTAFA A. SHERWANI

Address: 4534 BASSWOOD DR.  
LISLE, IL. 60532

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: MUSTAFA A. SHERWANI

Address: 4534 BASSWOOD DR.  
LISLE, IL. 60532

Vice President:

Address:

Secretary: MUSTAFA A. SHERWANI

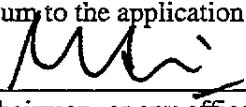
Address: 4534 BASSWOOD DR., LISLE, IL. 60532

Treasurer:

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. MUSTAFA A. SHERWANI, PRESIDENT  
(Typed or printed name and capacity of person signing application)

File Number 5839-726-1



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

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

MEDINA MANAGEMENT CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JUNE 23, 1995, 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\*\*\*\*\*



*In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 6TH *day of* MAY *A.D.* 2002.

*Jesse White*

SECRETARY OF STATE