Holland & Knight LLP	0004783
Requester's Name 315 So. Calhoun Street Address 425-5675 City/State/Zip Phone	
CORPORATION NAME(S) & DOC	Office Use Only UMENT NUMBER(S), (if known):
	(Document #)
2	(Document #) D2 - 21265 (Document #) 1000078241618 -09/18/02 - 01033 - 015 *****70.00 *****70.00
4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #)
NEW FILINGS	AMENDMENTS
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	<ul> <li>Amendment</li> <li>Resignation of R.A., Officer/Director</li> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> <li>Merger</li> </ul>
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/OUALIFICATION
	Examiner's Initials

the construction of the second s



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 18, 2002

HOLLAND & KNIGHT LLP

SUBJECT: WESTERN DEVELOPMENT AND CONSTRUCTION CO., INC. Ref. Number: W02000027205

We have received your document for WESTERN DEVELOPMENT AND CONSTRUCTION CO., INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 002A00053206

î,

SED 18 DH 1:

တ

있 SE P  $\overline{\alpha}$ 

> .....

> > τΩ

## 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

- WESTERN DEVELOPMENT AND CONSTRUCTION CO. ٦. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or NC. 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 NOIS <u>U.S.A.</u>
- 6-343 (State or country under the law of which it is incorporated) MARCH 4. Ø (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") TRANSACTING 6.
- (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 AND 817.155. ATION witt AR MI 8 7. THE STATE
  - $\mathcal{O}$ (Current mailing address)
- 8. DOING business in realestate development (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

		the calling of a calling out in state of Florida)	
9.	Name and stree	et address of Florida registered agent: (P.O. Box or Mail Drop Box NO	T acceptables
	Name:	JOSETTH SORGI	- CRE
	Office Address:	1620 MEDICAL LANE, SUITE 122	TAR
		FORT MYERS Florida, 33907	SSEE, F
10	Reviewand	(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.

By:

- 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 or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors: (Street Address ONLY P.O. Box NOT acceptable)

	Sep	09	02	09:36a	LEASING	ONE
--	-----	----	----	--------	---------	-----

2392784266

FROM HOLLAND & KNIGHT TAMPA

(FRI) 9, 6'02 18:31/ST. 18:29/NO. 4860333341 P 7



B. OFFICERS (Street address only - P.O. Box NOT acceptable)			
President: RALPH R. CARSELLO			
Address: 527 MEMORY LANE		-	·- · · ·
ADDISON, TL 60101			
Vice President: ANTHONY P. ROSS			
Address: _ 900 N. LAKESHORE DR.		LAN SEP	ΝŶ
CHICAGO, IL GOGU	·····	8 mil	TAT
Secretary:	······································	~~	E SS
Address:		- FOR PA	میں است 
	· · · · · · · · · · · · · · · · · · ·		·
Treasurer:		I I I	
Address:			·
	······································		
		·	·

NOTE: If necessary, you may attach an according to the application listing additional officers and/or directors.	
13UUThown, V-low	
(Signature of Chamman, Vice Chairman, or any officer listed in number 12 of the application)	
14 ANTHONY P. ROSS- VICE DRESIDENT	
(Typed or printed name and capacity of person signing application)	

TPA1 #967533 vi



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

I, Jesse White, Secretary of State of the State of Illinois, do

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 SEPTEMBER day of

12TH2002

A.D.

hite Lesse

SECRETARY OF STATE