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DIVISION OF CORFORATION

13/C



ACCOUNT NO. : 072100000032

REFERENCE

268319

4328767

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE: October 3, 2003

ORDER TIME : 11:47 AM

ORDER NO. : 268319-005

CUSTOMER NO: 4328767

CUSTOMER: Becky Jo Eytcheson

Katz Randall & Weinberg

Suite 1800

333 West Wacker Drive Chicago, IL 60606-1288

FOREIGN FILINGS

NAME: RED STAR FORT LAUDERDALE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	DREIGN CORPORATION TO TRANSA	DA STATUTES, THE FOLLOWING CT BUSINESS IN THE STATE OF	
1 Pad Star	Fort Lauderdale, Inc.		Server in
	pration; must include the word "INCORPO	RATED" "COMPANY" "CODPOD	ATTON? OF
words or abbre	viations of like import in language as will c	learly indicate that it is a corporation	
natural person o	or partnership if not so contained in the nan	ne at present.)	120
2 Illinois		3 20-0077509	instead of a
	under the law of which it is incorporated)	_ ~ ~ 	
		•	-
4. July 1, 20	e of incorporation)	,5 Perpetual	
(Dai	e of incorporation)	(Duration: Year corp. will ceas	se to exist or "perpetual")
6. <u>Upon quali</u>		± to the second	
(Date first transa	acted business in Florida. If corporation ha (SEE SECTIONS 607.	s not transacted business in Florida, ir 1501, 607.1502 and 817.155, F.S.)	nsert "upon qualification.")
7.412 N. Cla	k Street, 2nd Floor, Chicago	, IL 60610	
	(Principal office		
Same			
	(Current mailing	address)	
	(, 44442 000)	
. Restaurant	/Bar		
			· · · · · · · · · · · · · · · · · · ·
··	/Bax s) of corporation authorized in home state	or country to be carried out in state of	Florida)
(Purpose)			ŕ
(Purpose)	s) of corporation authorized in home state	ent: (P.O. Box or Mail Drop Box	ŕ
9. Name and str	s) of corporation authorized in home state eet address of Florida registered age LexisNexis Document Solution	ent: (P.O. Box or Mail Drop Box	ŕ
9. Name and str	s) of corporation authorized in home state eet address of Florida registered age	ent: (P.O. Box or Mail Drop Box	ŕ
(Purpose) 9. Name and str Name:	s) of corporation authorized in home state <u>eet address</u> of Florida registered age <u>LexisNexis</u> Document Solution 1201 Hays Street	ent: (P.O. Box or Mail Drop Box	ŕ
9. Name and str	s) of corporation authorized in home state <u>eet address</u> of Florida registered age <u>LexisNexis</u> Document Solution 1201 Hays Street	ent: (P.O. Box or Mail Drop Box)	ŕ
9. Name and str Name: Office Address:	s) of corporation authorized in home state eet address of Florida registered age LexisNexis Document Solution 1201 Hays Street Tallahassee (City)	ent: (P.O. Box or Mail Drop Box) as Inc, Florida 32301	ŕ
Purpose(9. Name and str Name: Office Address:	s) of corporation authorized in home state eet address of Florida registered age LexisNexis Document Solution 1201 Hays Street Tallahassee (City) gent's acceptance:	ent: (P.O. Box or Mail Drop Box) as Inc. , Florida 32301 (Zip code)	NOT acceptable)
Purpose(9. Name and str Name: Office Address: 10. Registered a Having been name	s) of corporation authorized in home state eet address of Florida registered age LexisNexis Document Solution 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept:	ent: (P.O. Box or Mail Drop Box as Inc. , Florida 32301 (Zip code) service of process for the above st	NOT acceptable) ated corporation at the place
9. Name and str Name: Office Address: 10. Registered a Having been namedesignated in thi	s) of corporation authorized in home state eet address of Florida registered age LexisNexis Document Solution 1201 Hays Street Tallahassee (City) gent's acceptance: med as registered agent and to accept to application, I hereby accept the apple	ent: (P.O. Box or Mail Drop Box as Inc. , Florida 32301 (Zip code) Service of process for the above statement as registered agent and a	NOT acceptable) ated corporation at the place
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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. DIRE	CTORS
Chairman:	
Address:	
Vice Chair	man:
Aggress: J	·
_	
-	Roger Greenfield
Address: _	412 N. Clark Street, 2nd Floor
-	Chicago, IL 60610
Director:	
Address:	
	the state of the s
B. OFFI	CERS
President:	Roger Greenfield
Address: _	412 N. Clark Street, 2nd Floor
1	Chicago, IL 60610
Vice Presid	dent:
Audicost _	
_	
-	Roger Greenfield
	412 N. Clark Street, 2nd Floor, Chicago, IL 60610
	Roger Greenfield
Address:	412 N. Clark Street, 2nd Floor, Chicago, IL 60610
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	
1.5	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Roge	er Greenfield, President
	(Typed or printed name and canacity 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

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

OCTOBER

A.D.

2003

Desse White