# F03000006212

(Re	questor's Name)	
()	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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W1201

DIVISION OF CORFORATIONS

03 DEC - 1 PM 12: 45



### TRANSMITTAL LETTER

TO:	Registration Section Division of Corpora							
SUBJ	ECT:	Har	nnah & C	hip, Ltd.				
	- <u></u>	(Name of co	orporatio	n - must include suffix	()			•
Dear S	ir or Madam:							
"Certif		nd check are subm		Authorization to Trans egister the above refer				
Please	return all corresponde	ence concerning th	is matter	to the following:		đ .	1-34	727
			arl Pellet	tieri, Jr.		Mo	3-34	. ( - /
		1)	Name of	Person)		**		
		Han	nah & Cl	nip, Ltd.				
	•	(1	Firm/Co	mpany)				•
		991	Oak Cree	k Drive				
i			(Addr	ess)	<u> </u>			
		Lon	nbard, IL	60148				
	72.2			and Zip code)			· <u> </u>	• •
For fur	ther information conc	erning this matter,	please c	all:			03 DEC -	HOISIAN
	Carl Pellettieri, Jr.	at (_	360	) 424-4044				2.27 2.27
	(Name of Person)		(Area (	Code & Daytime Telep	hone Nun	nber)	C-1 PM12:45	COF STATI
Registr Divisio 409 E.	et Address: ration Section on of Corporations Gaines St. assee, FL 32399		- 	MAILING ADDRES Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions		OT S	25
Enclos	ed is a check for the fo	ollowing amount:						
□ \$70	.00 Filing Fee	\$78.75 Filing Fee of Certificate of State		S78.75 Filing Fee & Certified Copy	Ce	7.50 Fili ertificate ertified (	of Status	&



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 19, 2003

CARL PELLETTIERI, JR. HANNAH & CHIP, LTD. 991 OAK CREEK DRIVE LOMBARD, IL 60148

SUBJECT: HANNAH & CHIP, LTD. Ref. Number: W03000034723

We have received your document for HANNAH & CHIP, LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because "LTD." in Florida indicates that the entity is a limited partnership, you will need to add a corporate suffix to your name for use in Florida. This does not affect your filing in Illinois in any way. Please add one of the following suffixes to your name after the "LTD." - Inc., Incorporated, Corp., or Corporation.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 803A00062887



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# 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.	Hannah & Chi							
	words or abbre	oration; must include the word "INCORPOF viations of like import in language as will cl	learly	indicate that it is a				
	natural person	or partnership if not so contained in the nam	ne at	present.)				
2.	Illinois		3.	46-0500367	<u>.</u> <u></u> . <u> </u>	<u></u>		
	(State or countr	y under the law of which it is incorporated)	_	(FF	I number, if applica	ble)		
4.	08/23/2002		5.	Perpetual	·			
•		te of incorporation)		(Duration: Year	corp. will cease to ex	ist or "pe	rpetual	")
6.	Upon Qualific	ation			-			
		acted business in Florida. If corporation ha				pon qual	ification	n.")
		(SEE SECTIONS 607.	1501	, 607.1502 and 817	'.155, F.S.)			
7.	991 Oak Creek	Drive, Lombard, IL 60148-6408				٠,	er in	· .
		(Principal office	add	ress)				
	(Same as above	e)			ayere ingr			
		(Current mailing	add	ress)		<u>-</u>	03	4,
							F	255
8.	Debt Collectio	n	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u>ن</u>	
	(Purpose	(s) of corporation authorized in home state	or co	untry to be carried	out in state of Florid	a)	<u></u> -	
۵	Name and et	reet address of Florida registered age	mt•	(PO Box or Ma	il Dron Box NOT	accental		출유
٠,	. Name and <u>st</u>	icer pouress or rorida registered age	·M···	(1.0. DON OF INE	n Drop Bon <u>1.02</u>	necepiae	<u></u>	95 5 5 7
	Name:	C T Corporation System		<u></u>	the second section of	er o <del>p</del>	-	
0	ffice Address:	1200 South Pine Island Road			* * ·	• -		Ĉ
		Plantation		, Florida	33324			
	•	(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.

GT Corporation System

Michele Miller

Assistant Secretary

(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. DIR	ECTORS									
Chairmar	Adrienne Lynn Foler			<u> </u>	<u> </u>	<u>,= xa /.</u>	<u> </u>			
Address:	991 Oak Creek Drive		. <u> </u>			<u> </u>	<b>⊊</b>			**
	Lombard, IL 60148-6408			 _ <u></u>	<u>.</u>	Chemitage A	,	*		<u> </u>
Vice Cha	irman: N/A			<u> </u>					<u></u>	<u>.</u>
Address:		- AS			. <del>-</del> . <u>-</u> - <u> </u>			- 1		
•					<u>-</u>		. •	i <sub>E</sub>		: ;
Director:	N/A		rs.			·- <u>,                                   </u>	7.	<b>1</b> 2 ·		*
Address:		·		. <u>v.</u>		<u> </u>				
				···			<u></u>	· · · · · · · · ·	<u> ÷ . , , </u>	- <u> </u>
Director:	N/A	·	enter antique to	<u> </u>		<u>ti ber</u>				
Address:		<del></del>		,,,,,,,,,,			<u></u> .			·
•				·	<u> </u>	<u> </u>	· .	<u>.                                    </u>		
B. OFF	ICERS		·						)3 O.	<u> </u>
President:	Adrienne Lynn Foler	_						-		
	991 Oak Creek Drive			- \\hat{\tau_{\tau_{\tau}}}	e . '				72	COR
	Lombard, IL 60148-6408					\$			<u></u>	STA
Vice Pres	ident: N/A				· <del>-</del>	<u></u>			5	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Address:			**************************************					. ";		
		<u></u>		<del></del>						
Secretary	Adrienne Lynn Foler		· ·			<u> </u>				***
	991 Oak Creek Drive, Lomba	rd, IL 60148-6	408				· -	. ,		
	: N/A				_ =			2 . 122.		
Address:	•									
	• · · •	•				-				
NOTE:	If necessary you may attach	an addendun	to the ap	pplication li	sting add	itional o	fficers	and/or	directors.	
13	adrien									
•	(Signature of Chairm		ırman, or	any officer	listed in	number 1	12 of th	ie appli	cation)	
4. <u>Adri</u>	enne Foler, Director/President/S (Typed or pri		id capacit	y of nerson	signing :	nnlicatio	n)			<u>&amp;i</u> ,



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

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

hereby certify that Hannah & Chip, Ltd., a domestic corporation, incorporated under the laws of this state august 23, 2002, 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

OCTOBER

A.D.

Desse White