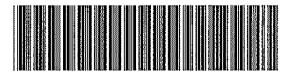
# F04000000295

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special instructions to Filing Officer:	
	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PERSO





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O'S JAN 16 MILES STATE

OF JAN 16 PM 2: 22 SECRETARY OF STATE TALLAHASSEE, FLORICA

# CT CORPORATION

January 16, 2004

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 6019593 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Barbara Burrell Ltd. (IL) Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff\_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

### 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.

i. Barbara burr	ELL LTD. INC.			至6
	oration; must include "INCORPORAT ," "Inc," "Co," or "Corp.")	TED," "COMPANY,'	"CORPORATION	"是一个
(If name unavailable	in Florida, enter alternate corporate n	ame adopted for the p	urpose of transacting	business in Florida)
. Illinois		3_ 36-3729930	-	Sim W
	ler the law of which it is incorporated)		FEI number, if appl	cable)
October 3 , 1990		5. Perpetual		
(Date of	incorporation)		r corp. will cease to	exist or "perpetual")
Upon qualification	++			
	business in Florida. If corporation ha (SEE SECTIONS 607.1			"upon qualification.")
680 North Lake Sho	re Drive, #1225, Chicago, IL 60611			
	(Principal office	address)		
680 North Lake Shor	e Drive, #1225, Chicago, IL 60611			
•	(Current mailing	address)		
		•		
		•		
	Corporation authorized in home state		d out in state of Flor	ida)
(Purpose(s) of	corporation authorized in home state of address of Florida registered age	or country to be carrie		,
(Purpose(s) of	-	or country to be carrie		,
(Purpose(s) of  Name and street a	address of Florida registered ager	or country to be carrie		,
(Purpose(s) of  Name and street a	address of Florida registered age	or country to be carrie		,
(Purpose(s) of  Name and street a	address of Florida registered ages Corporation System  South Pine Island Road  Plantation	or country to be carrie	ail Drop Box <u>NOT</u>	,
(Purpose(s) of  Name and street a	address of Florida registered ages Corporation System  South Pine Island Road	or country to be carrie		,
(Purpose(s) of  Name and street:  Name: CT  Office Address: 1200	Address of Florida registered ages Corporation System  O South Pine Island Road  Plantation  (City)	or country to be carrie	ail Drop Box <u>NOT</u>	,
(Purpose(s) of  Name and street:  Name: CT  Office Address: 1200  0. Registered agent	Address of Florida registered ages Corporation System  O South Pine Island Road  Plantation  (City)  S's acceptance:	or country to be carrie  nt: (P.O. Box or Management) , Florida	ail Drop Box NOT  33324 (Zip code)	_acceptable)
(Purpose(s) of  Name and street:  Name: CT  Office Address: 1200  O. Registered agent  laving been named in this app	Address of Florida registered ages Corporation System  O South Pine Island Road  Plantation  (City)  t's acceptance: as registered agent and to accept solication, I hereby accept the appo	or country to be carrie  nt: (P.O. Box or Management of process for intment as registered)	33324 (Zip code)  r the above stated agent and agree	acceptable)  corporation at the place to act in this capacity.
(Purpose(s) of  Name and street:  Name: CT  Office Address: 1200  O. Registered agent  laving been named assignated in this apparather agree to comp	Address of Florida registered ages Corporation System  O South Pine Island Road  Plantation  (City)  A sacceptance:  as registered agent and to accept substitution, I hereby accept the appoints with the provisions of all statut	or country to be carrie  nt: (P.O. Box or Management of process for intment as registered as relative to the process for the p	33324 (Zip code)  r the above stated agent and agree oper and complete	acceptable)  corporation at the place to act in this capacity.
(Purpose(s) of Name and street: Name: CT Office Address: 1200  O. Registered agent laving been named tesignated in this appartment agree to compand I am familiar with	Address of Florida registered ages Corporation System  O South Pine Island Road  Plantation  (City)  t's acceptance: as registered agent and to accept solication, I hereby accept the appo	or country to be carrie  nt: (P.O. Box or Management of process for intment as registered as relative to the process for the p	33324 (Zip code)  r the above stated agent and agree oper and complete	_acceptable)  corporation at the place to act in this capacity. I
Name and street:  Name: CT  Name: L200  Office Address: 1200  O. Registered agent Having been named its apparted in this appartment agree to compand I am familiar with	Address of Florida registered ages Corporation System  O South Pine Island Road  Plantation  (City)  A sacceptance:  as registered agent and to accept solication, I hereby accept the appoint with the provisions of all statute the and accept the obligations of my	or country to be carrie  nt: (P.O. Box or Management of process for intment as registered position as registered process for the process position as registered position as registered process for the proc	33324 (Zip code)  r the above stated agent and agree oper and complete	_acceptable)  corporation at the place to act in this capacity. I

- 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: None	
Address:	
Vice Chairman: None	·
Address:	
Director: Barbara Burrell	
Address: 680 North Lake Shore Drive, # 1225, Chicago, IL 60611	
Director:	
Address:	
B. OFFICERS	
President: Barbara Burrell	
Address: 680 North Lake Shore Drive, #1225, Chicago, IL 60611	
Vice President: Jason Burrell	
Address: 861 West Carmen_#3, Chicago, IL 60640	
Secretary: Barbara Burrell	
Address: 680 North Lake Shore Drive, #1225, Chicago, IL 60611	
Treasurer: Barbara Burrell	
Address: 680 North Lake Shore Drive, #1225, Chicago, IL 60611	
NOTE: (If necessary, you)may attach an addendum to the application listing additional officers and/or directors.	
(Signature of Director or Officer listed in number 12 of the application)	
14 Barbara Burrell, President	

(Typed or printed name and capacity of person signing application)

# EXHIBIT A Application for Authority

## Additional Officers:

Name: Title: Address:

Alexandra Burrell Vice President 5200 S. Ellis, #417

Chicago, IL 60615

Bonita Burrell Executive Vice 75 Livingston St., #12D

President Brooklyn, NY 11201



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

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

hereby certify that

BARBARA BURRELL LTD., A DOMESTIC CORPORATION,
INCORPORATED UNDER THE LAWS OF THIS STATE OCTOBER 3, 1990, 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

15TH
day of
JANUARY A.D. 2004

Desse White