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(Re	equestor's Name)	<u>; </u>
(Ad		
(Ad	:	
(Cit	y/State/Zip/Phone #/	<u> </u>
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Name)	:
(Do	cument Number)	· ·
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		,

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SECRETARY OF CARPORATIONS

OF THE PROPERTY OF CARPORATIONS

OF THE PROPERTY OF CARPORATIONS

TRANSMITTAL LETTER

TO:	Registration Section Division of Corpo		*	
SUBJ	ECT:	Michael F. A	Anthony, P.C.	
0000	i		ration - must include suffix))
Dear S	ir or Madam:			
"Certif		and check are submitted	for Authorization to Transa to register the above refere	
Please	return all correspon	dence concerning this m	atter to the following:	
		Rita Groark		
		(Narr	ne of Person)	
		McDermott, W:	ill & Emery LLP	_•*
		(Firm	n/Company)	
	227	West Monroe St	reet	
		(/	Address)	
	Chic	pago, IL 60606	5-5096	
		(City/St	ate and Zip code)	
For fur	ther information cor	cerning this matter, plea	ase call:	
Rit	a_Groark_	at (312	984-6497	
	(Name of Person)	(A	rea Code & Daytime Teleph	ione Number)
Registra Divisio 409 E. (Tallaha	ET ADDRESS: ation Section in of Corporations Gaines St. ssee, FL 32399 and is a check for the	following amount:	MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	or cons
5 \$70.	00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	578.75 Filing Fee & Certified Copy	**Sk\$87.50 Filing Fee, Certificate of Status & Certified Copy

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	ony, P.C			THE STATE OF THE	ALDA.
	corporat	tion; n	nust incl	ude "IN	CORPORAT			" "CORPORATION,"	,
				<u>.</u>					
(If name unavai	lable in	Floric	ia, enter	alternat	e corporate n	ame adopi	ted for the p	ourpose of transacting	business in Florida)
I1	lino	ís		!		3 3	6-3914	.112	
State or country			v of whi	ch it is i	ncorporated)			(FEI number, if applic	able)
10-6-93	}			•		5	ner	00+112]	
(Dat	e of inc	orpora	tion)	1	<u> </u>	(Du	ration: Ye	petual ar corp. will cease to e	xist or "perpetual")
Up	on q	ual:	ifica	tion					
Date first transa	cted bu	siness						ness in Florida, insert " 317.155, F.S.)	'upon qualification.")
2	27 W	est	Monr	oe S	treet,	Chica	go, IL	60606-5096	
				(Pr	incipal office	address)			<u> </u>
			Saı	me as	above				
	· · ·	·		(Cu	rrent mailing	address)			
(Purpose(s) of co	rporat		orized i				ed out in state of Flori fail Drop Box <u>NOT</u>	
Name:	Ira	J.	Cole	man					
fice Address:	201	s.	Bisc	ayne	Blvd.,				DIVISION OF JU
	Mian	ni.		: i			, Florida	33131-4336 (Zip code)	
			(City)				(Zip code)	- FA
. Registered a	gent [†] e	acce	ntance	:					A DRP
aving been nan signated in thi	ned a <mark>s</mark> s applic comply	regist cation with	tered ag 1, I hero the pro	ent and eby acci visions	ept the appo of all statut	intment les relati	as register ve to the p	red agent and agree roper and complete	corporation at the plac to act in th is capacity. performance of my du
F	Зу:	\bigvee		16					_
_		7			agent's signat				
 Attached is a e Department o 	certifi of State,	cate o , by ti	f'existe ne Secre	nce dul	y authentica State or oth	ited, not i er officia	more than Il having c	90 days prior to deli ustody of corporate	very of this application records in the jurisdict

FL019 - 10/15/2003 C T System Online

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIREC'	TORS	•
Chairman: _	Michael F.	Anthony
		nroe Street
	i	60606-5096
idress:		
	i :	
rector:	- !	
ldress:		
rector:		
idress:		
	227 West Mo	Anthony nroe Street 60606-5096
 ce Presiden	i:	o D
		SEC VISIO
		NETA P
cretary:	Michael F.	Anthony PORT
dress:	227 West Mo	nroe Street, Chicago, IL 60606-5096
easurer:	Michael F.	Anthony 5 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
dress:	227 West Mo	proe Street, Chicago, IL 60606-5096
OTE: If n	ecessary, you may atta	ach an addendum to the application listing additional officers and/or directors.
•	(Signature of Trine	eter or Officer listed in number 12 of the application)
		tor or Officer listed in number 12 of the application) Anthony, President
·		printed name and capacity of person signing application)

File Number

5750-388-2



To all to whom these Presents Shall Come, Greeting:

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



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

JUNE

A.D. 2004

Desse White

SECRETARY OF STATE