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(Ac	idress)	
(Ci	ty/State/Zip/Phone #	<u> </u>
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SECRETARY OF STATE
DIVISION OF CORPORATION

TRANSMITTAL LETTER

TO: Registration Section Division of Corpora	
SUBJECT:	Stuart Berkson, P.C.
	(Name of corporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application be "Certificate of Existence", a transact business in Florida.	by Foreign Corporation for Authorization to Transact Business in Florida", and check are submitted to register the above referenced foreign corporation to
Please return all corresponde	ence concerning this matter to the following:
	Rita Groark
	(Name of Person)
	McDermott, Will & Emery LLP
	(Firm/Company)
227 1	West Monroe Street
	(Address)
Chica	ago, IL 60606-5096
	(City/State and Zip code)
	; 1
For further information cond	erning this matter, please call:
•	
Rita Groark	at (312) 984-6497
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	(Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the fe	ollowing amount:
□ \$70.00 Filing Fee □	\$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy 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.

Ι.,		Stuart	Berk	son, P.C.						
(Enter name of 'Inc.," "Co.," "	corporation; r Corp," "Inc," '	nust incl 'Co," or	ude "INCORPORAT "Corp.")	TED,"	'COMPANY,	" "CORPORAT	ION,"		
_			: i							
(If name unava	ilable in Florid	la, enter	alternate corporate n	ame ad	opted for the p	ourpose of transa	cting busines	s in Flo	rida)
2.	<u>Į</u> 1	linois	; ;		3.	36-374	1334			
(\$	State or country	under the lav	v of wh	ch it is incorporated)			(FEI number, if a	pplicable)		
4.	12-2	0-90	i T	•	5.	peri	petual			
	(Dat	e of incorpora	tion)				r corp. will cease	e to exist or "	perpeti	
6.	qU	on quali	fica	tion						
1)	Date first trans:	acted business		da. If corporation ha EE SECTIONS 607.				sert "upon qı	ıalifica	tion.")
7	2	27 West	Monr	oe Street,	Chic	ago, IL	60606-50	96		
				(Principal office	addres	s)				
			Sar	me as above						
_		—— «··· », •, · , · , · , 	:	(Current mailing	addres	s)				
8.	Pra	ctice of	law							
_	(Purpose	s) of corporat	on auth	orized in home state	or coun	try to be carrie	d out in state of	Florida)	0	
9. I	Name and <u>str</u>	<u>eet addre</u> ss	of Flor	ida registered agei	nt: (P.	O. Box or M	ail Drop Box <u>N</u>	OT accepta	be	SECRE
	Name:	Ira J.	Cole	man					!	
Offi	ice Address:	201 S.	Bisc	ayne Blvd.,	22n	d Floor			P	EU PRPOH PRPOH
		Miami	ı			. Florida	33131-433	6	2:	1AIE
			(City))		, 1 101144	(Zip code)		<u> </u>	SKC

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: (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:

. DIREC			
hairman:	Stuart Berkson		
ddress: _	227 West Monroe Street		
	Chicago, IL 60606-5096		
ce Chairn	nan:		
dress:			
rector:			
dress:			
_			
rector: _			
dress: _			
_	Stuart Berkson 227 West Monroe Street, Chicago, IL 60606-5096	0,4	SEAIG
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dress:		<u> </u>	OF ST
_	Stuart Berkson	2	RATIO
cretary: _			35
dress: _	227 West Monroe Street, Chicago, IL 60606-5096	<u> </u>	
easurer:	Stuart Berkson		<u>-</u> -
dress:	227 West Monroe Street, Chicago, IL 60606-5096		· · ·
OTE: If	necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	
·	(Signature of Director or Officer listed in number 12 of the application)	_	
	Stuart Berkson, President		
-	(Typed or printed name and capacity 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 hereby certify that

STUART BERKSON, P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 20, 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

day of

JUNE

A.D.

2004

Desse White

SECRETARY OF STATE