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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 9, 2004

STEVEN M. ROGERS 3375F N. ARLINGTON HTS ROAD ARLINGTON HTS, IL 60004

SUBJECT: THUNDERBOLT ENTERPRISES, INC.

Ref. Number: W04000033807

We have received your document for THUNDERBOLT ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 804A00054035

TRANSMITTAL LETTER

то:	Registration Sec Division of Corp				
SUBJI	ECT:Th	UNDERBOLT EN	TERPRISES, IN	IC.	
		(Name of corpo	ration - must include suffix)	•	
Dear Si	ir or Madam:				
"Certifi		," and check are submitted	for Authorization to Transa to register the above referen		
Please i	return all correspo	ondence concerning this ma	atter to the following:		
	Louis	N M. ROGER	c		
	Sr ve		e of Person)		,,,,,
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		(Firm	/Company)		
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	Arliva	ton HTS.	IL 60004	<i>[</i>	
	0	(City/St	ate and Zip code)		
For furt	her information c	oncerning this matter, plea	se call:		
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Stre	U M. Kog	els at (84	7 797-8400 ea Code & Daytime Teleph		
	(Name of Person	n) (Ar	ea Code & Daytime Teleph	one Number)	12 52 54 14 55 54
				SSEE	
		-700			
	STREET ADDITECT Registration Sect		MAILING AI Registration S	L.J.:	. 57 . 57
	Division of Corp		Division of Co		, on
	409 E. Gaines St		P.O. Box 6327		
	Tallahassee, FL	32399	Tallahassee, F	L 32314	
Enclose	d is a check for th	e following amount:			
\$70.0	00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee Certificate of St 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.

1TH	UNDERBOLT corporation; must incl	ENTERP	PISES .	INC.	ı				
(Enter name of	corporation; must incl Corp," "Inc," "Co," or	ude "INCORPORA"	TED," "COM	PANY," "(CORPORATI	ON,"		•	
mc., ~ co., ~ c	orp, me, co, or	Corp.)							
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2	WOIS under the law of whi	ch it is incorporated	<u>2</u> 3.	7 - 17	5519	nlicable)		-	
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						to exist or "pe	rpetual")		
6	(Date	N/A							
	(SEE SECT	IONS 607.1501 & 6	07.1502, F.S.,	to determin	e penalty liab				
7. 6395	W. HIGHW, W. HIGH	4 326	OCAL	4	FL	3448	<u>ع</u> ے د		
_	,	(Principal office	address)						
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		(Current mailing	g address)						
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	et address of Florida	_	(P.O. Box <u>r</u>	<u>iO1</u> accept	able		A	<u> </u>	
Name:	TOMMY !	BURNS					至	hơ Da	
Office Address:	6395 W	. HIGHWA	1 326	,			LLAHASSEE, FLORIE	26 24	FILED
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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.

(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. DIRECTORS			
Chairman: TOMMY BARNS			
Address: 6395 W. HIGHWAY 326			
OCALA, FL 34482			
Vice Chairman:			
Address:			
Director:	<u>.</u>		
Address:			
	. <u> </u>		
Director:		<u> </u>	
Address:	 _		
B. OFFICERS			
President: Tommy BURNS Address: (SAME)			
Address: (SAMe)			
	<i></i>		
Vice President:	TALES	Ç.	
Address:		- (0 -0	— .
	SH C	<u></u>	
Secretary: TOMMY BURUS	FS.		
Address: (SAME)		<u>(</u>)	
Treasurer: TOMMY BURNS			
Address: (SAMe)			
NOTE: TO SEE THE SECRET	Jima = 4 = ==		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	airectors.		
(Signature of Director or Officer listed in number 12 of the application)			
14. TOMMY BURNS, PRESIDENT			
(Typed or printed name and capacity of person signing application)			

File Number

6228-738-1



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 AUGUST A.D. 2004

Desse White