# F04000004151

(Re	equestor's Name)	
(Ad	ldress)	·····
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ilv



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MJH

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#### TRANSMITTAL LETTER

TO: Registration So Division of Co	proprations		
SUBJECT: Va	Name of corpo	al Inc.	
5020291. <u></u>	(Name of corpo	ration - must include suffic	κ)
Dear Sir or Madam:			
			sact Business in Florida," enced foreign corporation to
Please return all corres	michae Martin (Nam an Ru Interr (Firm 1350 E. Touhy	ntter to the following:	
	(Nam	e of Person)	
<i>V</i> .	an Ku Interr	national, Inc.	
	(Firm	/Company)	#a.
	1350 E. Tonhy	Avenue, Suite	300 E
	(A	(ddress)	
	Obs Plaines,	IC 600/8 ate and Zip code)	
	(City/St	ate and Zip code)	2.2
For further information	concerning this matter, plea	se call:	
Michael 1	Partin at (84)	7 1824-2414	
(Name of Pers	<u>Nantin</u> at ( <u>84</u> on) (As	ea Code & Daytime Telep	hone Number)
STREET ADI Registration Se		MAILING A Registration	
Division of Co.		Division of (	
		P.O. Box 633	
i alianassee, Fi	. 32399	Tallahassee,	FL 32314
Enclosed is a check for	the following amount:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 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.

	ional, Inc.		<u> </u>	
	orporation; must include "INCORPO orp," "Inc," "Co," or "Corp.")	RATED," "COMPA	NY," "CORPORATION,"	
(If name mayail	able in Florida, enter alternate corpor	ate name adopted for	the purpose of transacting by	siness in Florida)
(** ********				,
. Delaware		<u> </u>		
(State or country	under the law of which it is incorpora	ated)	(FEI number, if applicat	ole)
9/20/04		5. Perpetual	ı	
(Date	of incorporation)	(Duration	Year corp, will cease to exi	st or "perpetual")
not yet-1/5/05			!	
	(Date first transacted b			
	(SEE SECTIONS 607.1501		determine penalty liability)	
1350 E, Thoulty A	Avenue Suite 300E Des Plaines, IL			
	(Principal o	office address)		
same as above				
	(Current ma	ailing address)	Ī	
			,	
Collection Agend	у			
	ey ) of corporation authorized in home s	state or country to be	carried out in state of Florida	) <u></u>
(Purpose(s	) of corporation authorized in home	<del>-</del>		SLOW TALLA
(Purpose(s	of corporation authorized in home staddress of Florida registered age	<del>-</del>		O4 OCT
(Purpose(s	) of corporation authorized in home	<del>-</del>		04 OCT 25
(Purpose(s  Name and <u>stree</u> Name:	of corporation authorized in home set address of Florida registered age  CT Corporation System	<del>-</del>		LLAHASSE
(Purpose(s  Name and <u>stree</u> Name:	of corporation authorized in home staddress of Florida registered age	<del>-</del>		LAHASSEEF
(Purpose(s  Name and <u>stree</u> Name:	of corporation authorized in home set address of Florida registered age CT Corporation System 1200 South Pine Island Road Plantation	ent: (P.O. Box NO	Tacceptable) ida 33324	14 OCT 25 AM 9: LLAHASSEE FLOR
(Purpose(s  ). Name and <u>arrec</u> Name:	of corporation authorized in home set address of Florida registered age CT Corporation System 1200 South Pine Island Road	ent: (P.O. Box NO	T_acceptable)	LAHASSEEF
(Purpose(s ). Name and <u>stree</u> Name:  Office Address:	of corporation authorized in home set address of Florida registered age  C T Corporation System  1200 South Pine Island Road  Plantation  (City)	ent: (P.O. Box NO	Tacceptable) ida 33324	14 OCT 25 AM 9: LLAHASSEE FLOR
(Purpose(s ). Name and <u>street</u> Name:  Office Address:  0. Registered 22	of corporation authorized in home set address of Florida registered age  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance:	ent: (P.O. Box NO	Tacceptable) ida 33324 (Zip code)	14 OCT 25 AM 9: 36
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(Purpose(s ). Name and <u>stree</u> Name: Office Address:  O. Registered ag laving been name lesignated in this burther agree to co	c T Corporation authorized in home staddress of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Tent's acceptance:  ed as registered agent and to acceptance application, I hereby accept the comply with the provisions of all si	ent: (P.O. Box NO , Flor , Flor ept service of proce	Tacceptable)  ida 33324  (Zip code)  as for the above stated consistered agent and agree to the proper and complete pe	LLAHASSEE FLORIDA  poration at the place act in this capacity
Name and gree Name: Office Address: O. Registered 22 Having been name designated in this further agree to co	of corporation authorized in home set address of Florida registered age  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to acceptance in the corporation authorized agent and to acceptance.	ent: (P.O. Box NO , Flor , Flor ept service of proce	Tacceptable)  ida 33324  (Zip code)  as for the above stated consistered agent and agree to the proper and complete pe	LLAHASSEE FLORIDA  poration at the place of this capacity.
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(Purpose(s ). Name and airce Name: Office Address:  O. Registered ag laving been name lesignated in this urther agree to co	c T Corporation authorized in home set address of Florida registered age C T Corporation System  1200 South Pine Island Road  Plantation  (City)  Tent's acceptance:  ed as registered agent and to accept application, I hereby accept the comply with the provisions of all significant and accept the obligations of the complexity of the configurations of the complexity of the configurations of the complexity of the configurations of the configuration of t	ent: (P.O. Box NO  pet service of proce appointment as reg tatutes relative to the of my position as re	Tacceptable)  ida 33324  (Zip code)  as for the above stated consistered agent and agree to the proper and complete pe	LLAHASSEE FLORIBA  poration at the place of my discrepance of my d

<sup>11.</sup> 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.

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

A. DIRECTORS	
Chairman: Albert G. Rubin	
Address: 1350 E. Touty Avenue, Suite 300 E	
Des Plaines, IL 60018	
Vice Chairman: Roser J. Rubin	
Address: 1350 E. Touty Avenue, Suite 300 E	
Des Plaines IL 60018	
Director;	.00
Address:	
	÷.
Director:	
Address:	eration of the second
	90 Total
B. OFFICERS	
President: Roger J. Rubin	
Address: 1350 E. Tonly Avanue, Suite 300 E	
Des Plaines, IL 60018	· · · · · · · · · · · · · · · · · · ·
Vice President: Potar Chiselli	
Address: 1350 E. Touly Avenue, Suite 300 E	
Des Plaines, IL 60018	
Secretary: Sharon Stickles	Tr. (00/8
Address: 1350 E. Touty Avenue, Suite 300 E Des Pla	ines, LC 60018
Treasurer: Sharon Strckles	
Address: 1350 F. Touly Avenue, Suite 300 E Des Plain	165, IC 60018
NOTE. Idaniasa, via man attack anaddandum to the ambiection listing of	ditional officers and/on divertors
NOTE: If necessary, you may attach an addendum to the application listing ad-	ditional officers and/or directors.
13. Signature of Director or Officer listed in number 12 of the	ne application)
14 Sharon Stickles, Secretary - Transurer	••
(Typed or printed name and capacity of person signing	application)

## Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VAN RU INTERNATIONAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2004.



Flarriet Smith Windson

AUTHENTICATION: 3388164

DATE: 10-01-04

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