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DIVALLAHASSEE, FLORIDA

J. BRYAN NOV \_ 2 2004

#### COSTELLO & ROYSTON

ATTORNEYS AT LAW A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS Voice (239) 939-2222 • Facsimile (239) 939-2280

Truman J. Costello, P.A. Board Certified Wills, Trusts and Estates Lawyer

Robert D. Royston, Jr., P.A.

Brittany Professional Centre 12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

> Mailing Address Post Office Drawer 60205 Fort Myers, FL 33906-6205

October 27, 2004

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Sent By: Regular U.S Mail

Re: American Sunshine Enterprises, Inc.

Dear Sir or Madam:

Enclosed please find the following documents for the above referenced corporation:

- 1. Original State of Illinois Certificate of Existence.
- 2. Transmittal Letter.
- 3. Application By Foreign Corporation for Authorization to Transact Business in Florida.
- 4. My trust check in the amount of \$87.50 representing the Filing Fee, Certificate of Status and Certified Copy.

Please forward the Certificate of Status and Certificated Copy to my offices after it has been filed.

If you have any questions please do not hesitate to contact my office.

E-mail:

Direct Dial; (239) 939-2222 ext. 205 rroyston@csrlaw.com

**Enclosures:** 

as stated above

RDR/klr



### TRANSMITTAL LETTER

TO:		ation Se n of Co	ction porations					
SUBJE	ECT:	Amer:	ican Sur	nshine E	nter	pris	ses, Inc.	
		-		(Name of	corpo	oratio	on - must include suffix)	
Dear Si	r or Ma	dam:						
	cate of	Existenc	e," and ch				Authorization to Transac egister the above referen	et Business in Florida," ced foreign corporation to
Please r	eturn al	l corres <sub>i</sub>	ondence (	concerning	this n	natter	to the following:	OIL THE
				Elizabe	th_K	lopa	ick	
					(Nat	me of	Person)	All Social Park
					(Fin	n/Co	mpany)	THE PERSON SE
				39	4 Eg			67
					(	Addı	ress)	
				Na	ples	, FL	34108	
				(	City/S	State a	and Zip code)	
For furt	her info	rmation	concernir	ig this matt	er, ple	ease c	vall:	
El	izabe	th Klo	pack	at	( 2	39	514-1903	
	(Namo	of Pers	on)		(/	\rea (	Code & Daytime Telepho	one Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclose	ed is a cl	heck for	the follow	ing amoun	.t:			
□ \$70.	00 Filin	g Fee		75 Filing F tificate of S		☐	\$78.75 Filing Fee & Certified Copy	\$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. Amer	rican Sunshine Ent	erprises, I	inc.		
(Enter name of co	rporation; must include "IN rp," "Inc," "Co," or "Corp."	CORPORATED	." "СОМРА	NY." "CORPORATION	1,"
	ole in Florida, enter alternat				g business in Florida)
2. <u>Illir</u>	ois nder the law of which it is i	3.	59	-103474 (FEI number, if appl	
		incorporated)		(FE) number, ii appi	icable)
· ·	er 1, 1996	5.		perpetual Year corp. will cease to	
(Date o	of incorporation)		(Duration:	Year corp. will cease to	exist or "perpetual")
6.	Dece	mber 1, 200	4		
	(Date first trai	nsacted business i	n Florida, if	prior to registration)	
	(SEE SECTIONS 6	607.1501 & 607.1	502, F.S., to	determine penalty liabilit	y)
7	39	4 Egret, Naj	oles, FL	34108	
		incipal office add			0 .
	30	M Daniel Na	oles Fi	34108	
	(Cı	4 Egret Naj	lress)	<u> </u>	FEE
					EG P
8	conduct any	legal busi	ness in B	Florida	SS
(Purpose(s)	conduct any of corporation authorized i	n home state or co	ountry to be o	carried out in state of Flor	rida) H C
	address of Florida regist				OKAT FLOR
Name:	Elizabeth Klop	ack			
Office Address:	394 Egret				·
	Naples		Elori	.на <b>34108</b>	
	(City	}	, , 11011	(Zip code)	
designated in this a further agree to coa	ent's acceptance: d as registered agent and pplication, I hereby acc	d to accept servi ept the appoint of all statutes r	nent as regi relative to th	ss for the above stated stered agent and agree te proper and complete	corporation at the place e to act in this capacity. I e performance of my duties,
(	7	\	- 0		

- 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. DIRECTO	ORS
Chairman:	Elizabeth Klopack
Address:	394 Egret
ــــــ	Naples, FL 34108
Vice Chairman	
Address:	
Director:	
Address:	
Director:	
Address:	Open 33
B. OFFICE	RS .
President:	Elizabeth Klopack
Address:	394 Egret
<del></del>	Naples, FL 34108
Vice President:	
Address:	
_	
Secretary:	Elizabeth Klopack
Address:	394 Egret, Naples, FL 34108
Treasurer	
Tiçadurer	
Address	
NOTE: If no	cessary, you may attach an addendum to the application listing additional officers and or directors.
13.	Treisold to Cloroly
	(Signature of Director or Officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)

## File Number

5910-347-4



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

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

hereby certify that

AMERICAN SUNSHINE ENTERPRISES, INC., A
DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE
NOVEMBER 1, 1996, 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 



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

22ND

day of

OCTOBER

A.D.

SECRETARY OF STATE