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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: A J. McDong Id, Inc DBA CAmbridge Quality Constitution (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: ANTHOUY MCDONAID (Name of Person) (Name of Person) CAmbridge Quality Construction (Firm/Company) 9920 M9T Son Kd. Sc. +c 207 (Address) 57. Louis, Mo-63126 (City/State and Zip code)
$\frac{1}{57. \text{ Love S. } Mo - 65126}$ (Address) (City/State and Zin code)
For further information concerning this matter, please call: Anthony McDon 9/2 at (314) 353. 0754 (Mame of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: S70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 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. A.J. MCDons Id, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," CURPURATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY," CUKPURATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Aug 2002 (Date of incorporation) 5. Per Petual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9920 Watson Rd. St. Lais, Mo 63126 (Principal office address)
(Current mailing address)
(Current mailing address)
a Goral Carrage
8. General Contractore (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: <u>Jeff Busch</u>
Name: <u>Jeff Busch</u> Office Address: <u>8954 PuerTo Del Rio DX</u> #104 <u>CAPE CANA VERAL</u> , Florida 32726 (City) (Zip code)
CAPE CANA VERAL Florida 32926
(City) (Zip code)
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 dutie
and I am familiar with and accept the obligations of my position as registered agent.
99 -
// (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: ______ Address: ____ Vice Chairman: Address: Director: Address: Director: B. OFFICERS President: ANThony McDonall Address: 9920 WGTSon Rd. Suite 207. ST. Louis, Mo 63125 ShAnn McDonald Address: 9920 WATSON Rd Scitt 207 ST. lais. Secretary: ___ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. AnThony McDona Il 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

A.J. MCDONALD, INC., A DOMESTIC CORPORATION,
INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 15, 2002, 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

NOVEMBER A.D.

1ST

Desse White

SECRETARY OF STATE