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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: SEYMOUR OF SYCAMORE, INC.
(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:
JEANETTE HOFFMAN
(Name of Person)
SEYMOUR OF SYCAMORE, INC.
(Firm/Company)
917 CROSBY AVENUE
(Address)
SYCAMORE, IL 60178
(City/State and Zip code)
(Address) SYCAMORE, IL 60178 (City/State and Zip code) For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
© \$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy 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.

	OF SYCAMORE, INC.				
(Enter name of co	rporation; must include "INCORPORA"	TED," '	COMPANY," "CORPORATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")				
SEYMOUR	PAINT				
(If name unavailal	ole in Florida, enter alternate corporate	name ad	opted for the purpose of transacting	g business in Florida)	
2 ILLINOIS		3	36-2127718		
(State or country u	nder the law of which it is incorporated	— جن —	(FEI number, if appli	icable)	
			PERPETUAL	,	
4. 02/10/19	of incorporation)	_ 5	Duration: Year corp. will cease to	exist or "nemetual")	
(Date)	or incorporation,	(Salution. Total corp. Will ocase to	exist of perpetual)	
6			· · · · · · · · · · · · · · · · · · ·		_
			lorida, if prior to registration) , F.S., to determine penalty liabilit	vì	
			· · · · · · · · · · · · · · · · · · ·	<i>37</i>	
7. 917 CRO	SBY AVENUE, SYCAMORE, IL			·	
	(Principal offic	e addres	S)		
917 CRO	SBY AVENUE, SYCAMORE, IL				
	(Current mailin	ig addres	s)	• • • • • • • • • • • • • • • • • • • •	
8. MANUFAC	TURING AEROSOL PAINT				
(Purpose(s)	of corporation authorized in home state	or coun	try to be carried out in state of Flor	rida) Pr	2004
9. Name and street	address of Florida registered agent:	(P.O.1	Box NOT acceptable)	LA CR	
5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	The same of the same same and the same same same same same same same sam	*\		A A A	JAN -
Name:	KIMBERLY A. HEATLEY			SSE	<u> </u>
Office Address:	1030 PALM BAY CIRCLE			F ic	
Office Address.	1030 TIME BIT OCTOBE			E's	圣 (
	PALM BEACH GARDENS		, Florida <u>33418</u>	윤	 ω
	(City)	-	(Zip code)	DA DA	35
10. Registered ag	antic accontance				
	ed as registered agent and to accept	service	of process for the above stated	corporation at the n	lace
	application, I hereby accept the app				
	mply with the provisions of all state			z performance of my	duties,
and I am familiar	with and accept the obligations of n	ny posit	ion as registered agent.		
	1/ . 0	, [1 0		
	Kimbert (d.	Hec	illey.		
	(Registered agent's signa	ature)	G		

- 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:	NANCY S. HEATLEY			<u> </u>	<u></u> - · · ·
Address:	917 CROSBY AVENUE		<u> </u>		
	SYCAMORE, IL 60178		***		<u></u>
Vice Chairman:	CHRISTOPHER P, HEATLEY				
Address:	917 CROSBY AVENUE				
	SYCAMORE, IL 60178	and the second s		Ţ.	<u></u>
Director:	IEANETTE HOFFMAN		<u> </u>		_ _ = ' '
Address:	917 CROSBY AVENUE			: 3	
	SYCAMORE, IL 60178	<u> </u>			
Director:			· · · · · · · · · · · · · · · · · · ·	E	<u>.</u> 171,
Address:	,		<u> </u>	· · · · · ·	
				2273	<u> </u>
B. OFFICERS					
President:	NANCY S. HEATLEY		45. 8. 3		-
Address:	917 CROSBY AVENUE	<u> </u>			
	SYCAMORE, IL 60178	to the second of		BET BET	是13
Vice President:	CHRISTOPHER P. HEATLEY		· · · · · · · · · · · · · · · · · · ·	SET	11
Address:				FS	
··	SYCAMORE, IL 60178		 	- RE-	<u> သ</u> _ဘ
Secretary:	JEANETTE HOFFMAN	<u> </u>	<u></u>		
Address:	917 CROSBY AVENUE			<u> </u>	
Treasurer:	SYCAMORE, IL 60178			<u> </u>	- 1 124 - 7 - 7
Address:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	<u></u> #737
NOTE: If necessa	ry, you may attach an addendum to the applica				
13	(Signature of Director or Officer listed in a	number 12 of the application)		·	19.
: 1	JEANETTE HOFFMAN - SECRETAR				
14	(Typed or printed name and capacity of				_ ·



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 DECEMBER A.D. 2004

Desse White