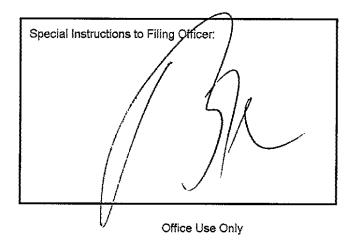
F-15000001627

(Requestor's Nam	e)
	Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP	☐ WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies	Certificat	res of Status





800047915988

104-60729 BECEIVE





ACCOUNT NO. : 072100000032

REFERENCE : 255336

7103152

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 14, 2005

ORDER TIME: 11:50 AM

ORDER NO. : 255336-005

CUSTOMER NO: 7103152

CUSTOMER: Ms. Carrie J. Filthaut

Goodlette Coleman & Johnson,

Suite 300

4001 Tamiami Trail North

Naples, FL 34103

FOREIGN FILINGS

NAME: OAKRIDGE DEVELOPMENT COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY ____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:



ASCONDANCE TO BOOK

March 14, 2005

TROY TODD CSC TALLAHASSEE, FL

SUBJECT: OAKRIDGE DEVELOPMENT COMPANY

Ref. Number: W05000013220

RESUBMIT

We have received your document for OAKRIDGE DEVELOPMENT COMPANY and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

Please note that the FEI number listed on your application only has 8 digits. Please list the correct 9-digit FEI number.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 905A00017421

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITHED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. OAKRIDGE DEVELOPMENT COMPANY, "CORPORATION," "Inc.," "Co.," "Corp.," "Co.," "Co.," "Corp.," "Co.,"
OAKRIDGE DEVELOPMENT COMPANY OF ILLINOIS (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) 3. 36-4161112 (FEI number, if applicable)
4. June 4, 1997 [Date of incorporation] 5. Dev De Lua [Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2200 N. Huntington Drive, Algonquin, 12 60102
2200 N. Huntington Drive, Algonquin, 12 60102
8. <u>transact all allowable real estate activities</u> (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: Gregory L. Urbancic
GOODLETTE, COLEMAN & JOHNSON, P.A. Office Address: 4001 Tamiami Trail, N.
Suite 300
Naples, FL 34103
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.
of 9110 -

- 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: TIMOTHY L- SCHWARTZ
Address: 1 CIRCLE DR.
- ALGONQUIN, 1L 60102
Vice Chairman: JOANNE M. SANDBLOM
Address: 10 GREEN PASTURES LANE
ALGONOVIN, IL 60102
Director:
Address:
Director:
Address:
B. OFFICERS
President: JOANNE M. SANDBLOM
Address: 10 GREEN PASTURES LANE
ALGONOUIN, 1L 60102
Vice President: TIMOTHY L. SCHWARTZ
Address: / CIRCLE DR.
Address:
Secretary: TIMOTHY L- SCHWARTZ
Address: CIRCLE DR. ALGONQUIN, IL 60/02 Treasurer: TIMOTHY L SCHWARTZ
Address: 1 CIRCLE DR., ALGONOUN IL 60102
NOTE: If necessary, you may attach an addeddum to the application listing additional officers and/or directors.
Man Y Class of
(Signature of Director or Officer listed in number 12 of the application)
14. TIMOTHY L. SCHWARTZ VICE- 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



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

10TH

day of

MARCH

A.D.

2005

Desse White