¥0500001959

2005 MAR 25 P 3: 06 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies _____ Special Instructions to Filing Officer: 05/9745

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112/21/05--01046 --097 **70.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

FILED

2005 HAR 25 P 3: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 24, 2005

WILLIAM DELUNA 2498 ABSCOTT ST. PORT CHARLOTTE, FL 33952

SUBJECT: BILL DELUNA INC. Ref. Number: W05000009745

We have received your document for BILL DELUNA INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 705A00013089

TRANSMITTAL LETTER

FILED

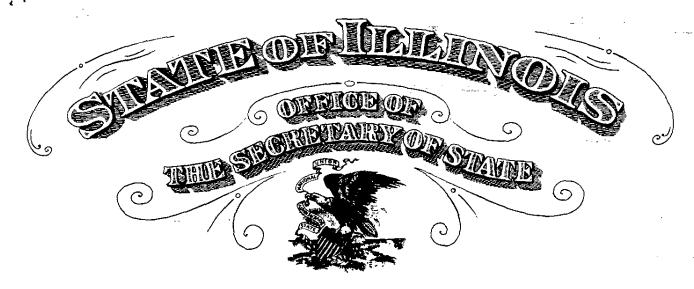
TO: Registration Section Division of Corporations	2005 MAR 25 ₱ 3: 06	
SUBJECT: Bill De Luns	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(Name of corporate	ion - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.		
Please return all correspondence concerning this matt	er to the following:	
William DeLuna (Name of Person)		
DII DI	of Person)	
Dill DeLyna Inc.	dompany)	
	ompany)	
2498 Abscott St.	dress)	
Part Charlotte, FLORIDA 33952		
(City/State and Zip code)		
For further information concerning this matter, please	call:	
Bill Deluna at (815) 252-6355		
(Name of Person) (Area	Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations 409 E. Gaines St.	Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
\$3. \$70.00 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

\cdot \cdot APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANO	CE WITH SECTION 607.1503, FLORIDA	STATUTES, THE FOLLOWING IS SUBMITTED TO D
		BUSINESS IN THE STATE OF FLORIDA.
1P	III DELLOA Inc	. Z005 MAR 25 ₱ 3: 0b
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"SECRETARY OF STATE TALLAHASSEE, FLORIDA
(If name unava	ilable in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)
2. ILLin	00/Se	(FEI number, if applicable)
		(FEI number, if applicable)
4. 27	055	(Duration: Year corp. will cease to exist or "perpetual")
(Dai	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7 2498		Charlite, FG 33952
· ·	(Principal office ad	idress)
2498	Abscott St. Port	Charlotte, FL, 33952
	(Current mailing ad	idress)
8. Floar	ing Instintion	
	(s) of corporation authorized in home state or	,
9. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	William Dolune	——————————————————————————————————————
Office Address:	2498 Abscott St.	en e
	Port CharLotte	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(City)	(Zip code)
Having been nan designated in this	s application, I hereby accept the appoint	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I
further agree to c	comply with the provisions of all statutes r with and accept the obligations of my p	relative to the proper and complete performance of my duties.
,		vanion as registerea agent.
_		
4	Mrs.	<u>s)</u>
	(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:

ddress: TOOS MAR 25 P 3 0b	A. DIRECTORS Chairman:	FILED
ice Chairman: SECRETARY OF STATE TALLAHASSEE, FLORIDA ddress: ddress: ddress: COFFICERS resident: LUMAN Doluga ddress: Lort Charlotte, FL, 33952 fice President: Jame ddress: Corectary: ddress: corectary: ddress: Corectary: ddress: Corectary: ddress: (Signature of Director or Officer listed in number 12 of the application)	•	
director: direct	Address.	
director: direct	Vice Chairman:	SECRETARY OF STATE TALLAHASSEE FLORIDA
inector: didress: c. OFFICERS resident: LILIAM DELLOA didress: Lott Charlotte, VL, 33952 fice President: James didress: coretary: didress: reasurer: didress: (Signature of Director or Officer listed in number 12 of the application)	Address:	
inector: didress: c. OFFICERS resident: LILIAM DELLOA didress: Lott Charlotte, VL, 33952 fice President: James didress: coretary: didress: reasurer: didress: (Signature of Director or Officer listed in number 12 of the application)		
incotor: didress: i. OFFICERS resident: LUILIAM DECLADA didress: LOT Charlotte, IL, 33952 fice President: James didress: didress: ceretary: didress: didress: reasurer: didress: (OTE: 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)	Director:	
incorrector: didress: cofficers resident: Cofficers Cofficers: Cofficers	Address:	
Address: Cofficers Cofficers		
Address: Cofficers Cofficers	Director:	
resident: WILLAM DELLONG Address: 2498 Abscatt St. Fort Charlotte, VL, 33952 fice President: Symme didress: ecretary: didress: reasurer: didress: (Signature of Director or Officer listed in number 12 of the application)		
resident: William Deluga Address: 2498 Abscott St. Bort Charlotte, Fl. 33952 Tice President: Struct Address: ddress: reasurer: ddress: (OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Edirector or Officer listed in number 12 of the application)		
Address: 2498 AbScott St. Fort Charlotte, VL, 33952 Tice President: Same ddress: ddress: reasurer: ddress: IOTE: 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)	B. OFFICERS	
fice President: Seprence address: ecretary: ddress: reasurer: ddress: IOTE: 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)		
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reasurer: ddress: IOTE: 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)		
reasurer: ddress: IOTE: 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)	Secretary:	· · · · · · · · · · · · · · · · · · ·
ddress: OTE: 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)		
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(Signature of Director or Officer listed in number 12 of the application)	Address:	
(Signature of Director or Officer listed in number 12 of the application)	NOTE: If necessary, you may attach an addendum to the application listing ac	dditional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	(Amax	
4. William DELUMB PRES.	(Signature of Director or Officer listed in number 12 of	the application)
(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



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this day of MARCH A.D. 2005

Desse White