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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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ACCOUNT NO. : 072100000032

REFERENCE :

358953

7399199

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE: May 6, 2005

ORDER TIME : 11:45 AM

ORDER NO. : 358953-005

CUSTOMER NO: 7399199

CUSTOMER: Ms. Alicia Navarro

Carlos A. Vazquez Attorney At

2nd Floor

2434 W. Division Chicago, IL 60622

FOREIGN FILINGS

NAME:

HENRY CARDENAS MANAGMENT

SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

· 		
· APPLICA		ON FOR AUTHORIZATION TO TRANSACTION FLORIDA "ATUTES, THE FOLLOWING IS SUBMITTED TO PUSINESS IN THE STATE OF FLORIDA." "COMPANY," "CORPORATION."
	WITH SECTION 607.1503, FLORIDA ST EIGN CORPORATION TO TRANSACT B	CATUTES, THE FOLLOWING IS SUBMITTED TO CONTROL OF SUSINESS IN THE STATE OF FLORIDA.
HENRY CARDEI	NAS MANAGEMENT SERVICES, INC.	
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION."
HENRY CARDEL	NAS MANAGEMENT SEVI CES - CHIC AG	O_INC.
(If name unavaila	ble in Florida, enter alternate corporate name :	adopted for the purpose of transacting business in Florida)
ILLINOIS	3	36-4321731
(State or country t	under the law of which it is incorporated)	(FEI number, if applicable)
10/18/1999	5	PERPETUAL
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
N/A		
	(Date first transacted business in	
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability)
6405 NW 36TH	STREET, STE. 220, MIAMI, FL 3	3166
	(Principal office addr	ess)
2434 W. DIVI	SION STREET, CHICAGO, IL 60622	
	(Current mailing addr	ess)
	ITS MANAGEMENT AND CONSULTATION	And the second
(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)
Name and street	address of Florida registered agent: (P,O	. Box NOT acceptable)
Name:	GERARDO FOJO	<u> </u>
ffice Address:	6405 NW 36TH STREET, STE. 220	
		22166
	MIAMI	, Florida 33166

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.

- 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:

¹ A. BIRECTORS Chairman: HENRY CARDENAS Address: 6401 N. KILBOURN, LINCOLNWOOD, IL 60712 Vice Chairman: Address: ____ Director: HENRY CARDENAS Address: 6401 N. KILBOURN, LINCOLNWOOD, IL 60712 Director: Address: __ **B. OFFICERS** President: HENRY CARDENAS Address: 6401 N. KILBOURN, LINCOLNWOOD, IL 60712 Vice President: Address: _ Secretary: HENRY CARDENAS Address: 6401 N. KILBOURN, LINCOLNWOOD, IL 60712 Treasurer: 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. HENRY CARDENAS, PRESIDENT/SECRETARY

(Typed or printed name and capacity of person signing application)

File Number

6072-719-8



To all to whom these Presents Shall Come, Greeting:

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

hereby certify that

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 9TH

day of

A.D.