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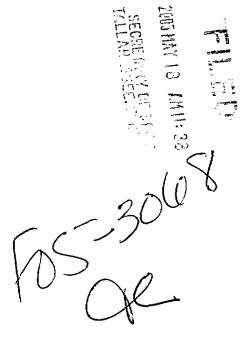
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MI-TE HOME IMPROVEMENT INC  (Name of corporation - must include suffix)	
(ivaline of corporation - must include surfix)	
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:	
Russell Sheaman	
Recovering Sucepts (Name of Person)  (Name of Person)  (Firm/Company)	
NCULTURE BROOMS INC	
18211 Nichsen Drive	
(Address)	
Timley Park Illinoir 60477	
(City/State and Zip code)	
Free Chi	
For further information concerning this matter, please call:	4
Roger Korlowski at (708) 243 7929 (25)  (Name of Person) (Area Code & Daytime Telephone Number)	F
(Name of Person) (Area Code & Daytime Telephone Number)	* posteri
STREET ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy	٤

# 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	* • 7
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. 36-4013463	, s er
2. FLC.  (State or country under the law of which it is incorporated)  4. (Date of incorporation)  3. 36-4013463 (FEI number, if applicable)  5. Percental (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)	え 1718
7. 12041 70th Aug North SEMINOUS F  (Principal office address) 33  6138 W 555T CHGO. IC 60638  (Current mailing address)  8. For transaction of any or all lawful business in Florida (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: Roger D Kozlowski  Office Address: 12041 70 <sup>th</sup> Ave	
Seminole , Florida 33772	2 j
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the partial designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa 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.	city. I

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. Nam	es and business a	ddresses of off	icers and/or direc	tors:				
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Vice Chair	rman:	· · · · · · · · · · · · · · · · · · ·						<u>.                                    </u>
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Director:			· · · · · · · · · · · · · · · · · · ·		-E" ,			
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Secretary:	Roger	D. V	(OSLOWEN	بـــــــــــــــــــــــــــــــــــــ	· · · · · · · · · · · · · · · · · · ·			- 1
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Treasurer:	Roger	N C	worldwer	ì				2 5 g
Address: _	638	W 55	M 24	<u>Chi</u>	CAGO,	LLyna	القص التحديد	38_
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NOTE: I		may attach an a	addendum to the	application	listing additio	nal officers	and/or directors	•
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	O 7	\ \ \ \ \ \	tor or Officer list			ppiication)		
14	Koger 1		name and capac	resident ity of person	<del></del>	lication)	<del></del>	

#### File Number

6321-709-3



## 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

day of

A.D.

Desse White