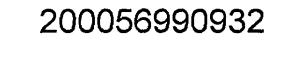
## F05000003956

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nam	e)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	7

Office Use Only



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65 July 2017 5: 53

## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: McHale Pa	artners, Inc.
<del>-</del>	(Name of corporation - must include suffix)
Dear Sir or Madam:	
	reign Corporation for Authorization to Transact Business in Florida," neck are submitted to register the above referenced foreign corporation to
Please return all correspondence	concerning this matter to the following:
Robert C.	Collins, Jr.
	(Name of Person)
Attorney a	t Law
	(Firm/Company)
850 Burnha	m Ave.
	(Address)
Calumet Ci	ty, IL 60409
	(City/State and Zip code)
For further information concernin	g this matter, please call:
- 1	
(Name of Person)	Jr. at ( 708 ) 862-5800 (Area Code & Daytime Telephone Number)
(Name of Ferson)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines St.	P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the follow	ing amount:
	'5 Filing Fee & S \$87.50 Filing Fee, ificate of Status Certified Copy Certificate of Status &

Certified Copy

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. McH	ale Partners, Inc.	ED,	"COMPANY," "CORPORATION,"	<u> </u>		
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")					
(If name unavai	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting bus	iness in Fl	orida)	
(State or country	inois under the law of which it is incorporated)	- 3,	(FEI number, if applicable	e)		
	ch 29, 2001					
(Date	of incorporation)	Σ,	(Duration: Year corp. will cease to exist	or "perpe	tual")	•
6No	business yet transacted	_				
<del></del>			Florida, if prior to registration) 02, F.S., to determine penalty liability)			
7519	W. 46th St., Chicago,	IL.	60609		<del></del>	
	(Principal office					
519	W. 46th St., Chicago, (Current mailing	I L addr	60609 ess)			
						_ :
(Purpose(s	own and hold real estate or of corporation authorized in home state or	or co	untry to be carried out in state of Florida)	ul bus	ines	s for*
*which co	orporations may be estal	bli	shed.		_	
9. Name and stree	et address of Florida registered agent: (	P.O	. Box NOT acceptable)	·	G	
Name:	Business Filings Incom	rpc	<u>ra</u> ted		7.3	
Office Address:	1203 Governors Square	Bl	vd., Ste 101		, l	• •
	Tallahessee		.Florida 32301-2960			* 1
	Tallahassae (City)		(Zip code)	•	Ŀ5.	· <del>-</del>
10 Registered as	gent's acceptance:				5	
Having been nam	ed as registered agent and to accept se	rvic	e of process for the above stated corp	oration a	t the pl	ace
	application, I hereby accept the appoi					
	omply with the provisions of all statute with and accept the obligations of my			intmance	oj neg	uucces,
_		-	•			
	11 1111	Λ	1. I. Click NUR	$\mathcal{L}$		
<u> </u>	Ih Silf AND		TOYK SCRIFT, AUT a	_		1
	(Registered agent's signature certificate of existence duly authenticate	ıre)	lark Schiff, AVP a Business Filings	s Inc	anp	oratec
11 Amakadia	antificate of militaria duly authorities	ad +	not more than 90 days prior to delivery	of this a	pplicati	on to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	
Chairman: Martin Scanlon	
Address: 506 W. 42nd Place	
Chicago, II. 60609	
Vice Chairman:	
Address: 519 W. 46th St.	
Chicago, IL 60609	
Director: Richard Zarate	
Address: 4332 S. Emerald Ave.	
Chicago, IL 60609	_
Director: Patrick Galvin	_
Address: 4519 S. Wallace	
Chicago, IL 60609	_
B. OFFICERS	
resident: Martin Scanlon	
Address: 506 W. 42nd Place	_
Chicago, IL 60609	_
Tice President: Richard Zarate	
ddress: 4332 S. Emerald Ave.	
Chicago, IL 60609	
ecretary: Daniel McHale	_
ddress:519 W. 46th St., Chicago, IL 60609	
reasurer: Michael Connolly	_
ddress: 4537 S. Emerald Ave., Chicago, IL 60609	_
OTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
a did ha	_
(Signature of Director or Officer listed in number 12 of the application)	
Daniel McHale, Secretary	
(Typed or printed name and capacity of person signing application)	

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director: Michael Connolly
Address: 4537 S. Emerald Ave.
Chicago, IL 60609
Director:
Address:
B. OFFICERS
President:
Address:
Vice President: Patrick Galvin
Address: 4519 S. Wallace
Chicago, IL 60609
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
(Signature of Director or Officer listed in number 12 of the application)
14(Typed or printed name and capacity of person signing application)

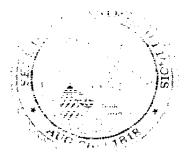
File Number

6157-849-8



## 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

7TH

day of

JUNE

A.D.

2005

Desse White

SECRETARY OF STATE