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J. BRYAM SEP 9 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JOHN G. MENGELSON	, INC.
	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted transact business in Florida.	or Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this man	tter to the following:
JOHN MENGELSON	ALL BS
	of Person)
JOHN G. MENGELSON, INC.	ASSO 6
	Company)
1243 CORINTH GREENS DRIE	TE TEST
(A	ddress)
SUN CITY CENTER, FL	33573 PES
(City/Sta	te and Zip code)
For further information concerning this matter, please TOHN WENGELSON at (636) (Name of Person) (Arc	e call: 2 358-8407 ea Code & Daytime Telephone Number)
(1.0000)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.				
I JOHN G. MENGELSON, INC.				
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. 1. JOHN G. MENGELSON, //C. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") THE BUSINESS CONSULTING GROUP (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.				
THE BUSINESS CONSULTING GROUP				
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida,				
2. [LUNOIS - USA] 3. 30 - 0/3 4850 PF (State or country under the law of which it is incorporated) (FEI number, if applicable)				
4. 12-5-04 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
6. OCTOBER 1, 2005				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 335 73				
7. 1243 CORINTH GREENS DRIVE SUNCITYCENTER				
(Principal office address) 33573				
1243 CORINTH GREENS DRIVE SUNCITY CENTER (Current mailing address)				
8. (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: JOHN MENGELSON				
Office Address: 1243 CORINTH GREEKS DR.				
SON CITY CENTER, Florida 33573				
(City) (Zip code)				
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.				
(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:

A, DIRECTURS	
Chairman:	
Address:	
Vice Chairman:	
Address:	2
	PS STR
Director:	<u> </u>
Address:	ω_{2}
	TER L. 5
Director:	051 0800
Address:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
B. OFFICERS President: TOHN G. MENGELSON Address: 1243 CORINTH GREENS DRIVE SON CITY CENTER, FL 33573 Vice President: Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, on may attach an addendum to the application listin	
(Signature of Director or Officer listed in number 12	or me apprication)
14. (Typed or printed name and capacity of person sig	ning 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 August A.D. 2005.

Desse White