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| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | <b>∌</b> #) |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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TALLAHASSEE, FLORIDA

7.5. 10 1919 O 6 July

## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations   |                 |  |  |  |  |
|---|-----------------|--|--|--|--|
| SUBJECT: MIDLUEST MUBILITY & DES/6N INC.  (Name of corporation - must include suffix)   |                 |  |  |  |  |
| Dear Sir or Madam:  |                 |  |  |  |  |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flori "Certificate of Existence", and check are submitted to register the above referenced foreign corpor to transact business in Florida. | ida",<br>ration |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |                 |  |  |  |  |
| CHARLES BAUMGARTNER OR TOMMIE HORVI   | <u>4774</u>     |  |  |  |  |
| MIDWEST MOBILITY + DESIGN INC. (Firm/Company)   | - <del></del>   |  |  |  |  |
| 437 W. WISE RD.   |                 |  |  |  |  |
| (Address)   | ············    |  |  |  |  |
| SCHAUMBURG, IL 60193-4001   | <del></del> -   |  |  |  |  |
| (City/State and Zip code)   | 12 O            |  |  |  |  |
| For further information concerning this matter, please call:    Temmie Horvath   at (847 ) 933-9892   X 105     (Name of Person)   (Area Code & Daytime Telephone Number)   |                 |  |  |  |  |
| Temmie HORVATH #1847 1923-9892 × 105  | -3<br>\$\$EE,   |  |  |  |  |
| Temmie Horvath at (847 ) 933-9892 × 105<br>(Name of Person) (Area Code & Daytime Telephone Number)  | AHIII: 52       |  |  |  |  |
|   | AGE : 52        |  |  |  |  |
| 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                             | 0               |  |  |  |  |
| Enclosed is a check for the following amount:   |                 |  |  |  |  |
| \$70.00 Filing Fee \$\times \text{ \$78.75 Filing Fee & Certificate of Status} \text{ Certified Copy Certified Copy Certified Copy}   | Status &        |  |  |  |  |

71:11MA 1-8M 886S

BOST CICHEY DEPT OF REVERUE RECEIVED

#### 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.

| MINGE.             | ST MOBILITY  | - + DESIGN   | INC.  | *****  |   |  |  |
|--------------------|--|--|---|--|---|--|--|
|                    |  |  |   |  |   |  |  |
|                    |  |  |   | is a corporation instead   | dofa  |  |  |
| natural person     | or partnership if not so   | contained in the name at   | present.)   |  |   |  |  |
| 711                | ~ uca  | 7  | 21 79   | 21000  |   |  |  |
| (State or count    | trumpder the law of whi  | sh it is issuemented)  | _30~3/3   | CEI mumbas ifanali   | inable)   |  |  |
| (State of Count    | nà minei the 1944 of Alli  | cu it is incorporated)   |   | (ter nammer, n sibbu   | caule)  |  |  |
| 05                 | -27-94   | 5.   | PERPET  | UAL.   |   |  |  |
| (Da                | te of incorporation)   |  | (Duration: Ye   | ar corp. will cease to   | exist or "perpetual")   |  |  |
| 01                 | -1 31  |  |   |  |   |  |  |
| 07-6               | 21-2006  |  |   |  |   |  |  |
| Date first trans   | acted business in Florid   | a. If corporation has not  | transacted busin  | ess in Florida, insert "   | upon qualification.")   |  |  |
|                    | (St  | SE SECTIONS 607.1301,  | , 007.1302 and 0  | 117.155, F.S.J   |   |  |  |
| 437 W              | U. WISS K  | D. SCHAU   | MBURG   | IL 601   | 93-4001   |  |  |
|                    |  | (Principal office add)   | ress)   |  |   |  |  |
|                    |  | • •  | •   |  |   |  |  |
| <u> </u>           | 4  | (0 : " ):  |   |  |   |  |  |
|                    |  | (Current mailing addi  | ress)   |  |   |  |  |
|                    |  |  |   |  |   |  |  |
| RENT 6             | WHEELCHAIR   | ACCESSIBLE   | VANS  |  | $oldsymbol{\Xi}_{\Sigma}$   | _  |  |
|                    |  |  |   | ed out in state of Flori   | da) [   | 9  |  |
|                    | •  |  | -   |  |   | -  | -  |
| Name and <u>st</u> | <u>reet address</u> of Flori   | da registered agent:   | (P.O. Box or M  | Iail Drop Box <u>NOT</u>   | _acceptable) 🎅 📒  |  | W  |
| <b>N7</b>          | MADICS   | Q 4 . may 1  | -1100   |  | Si-   | င္မ်ာ  | 1  |
| Name:              | CAMICCES   | TOTUMBATCI.  | <u> </u>  |  | <b></b> .   | 770  |  |
| See Address:       | 18651 MY   | RT/SINON 1   | NR.   |  | <u></u> .   | ===  |  |
| ive Audicas.       | <del></del>  |  |   |  | <u>ş</u> :  |  | <del></del>  |
|                    | HUDSON   |  | , Florida   | 34667  | D,  | က  |  |
|                    | (City)   |  | ,   | (Zip code)   | <b>س</b> ند   | N  |  |
|                    | (Name of corp words or abbre natural person  FULLIVE (State or coun  OS  OJ-  Oate first trans  43.7 C  S/A/  (Purpose  Name and at  Name: | (Name of corporation; must include the words or abbreviations of like import in natural person or partnership if not so of the import in natural person or partnership if not so of the import in natural person or partnership if not so of the importance of the impor | (Name of corporation; must include the word "INCORPORAT" words or abbreviations of like import in language as will clearly natural person or partnership if not so contained in the name at   ### ### ### ### ### ### ### ### ### | words or abbreviations of like import in language as will clearly indicate that it is natural person or partnership if not so contained in the name at present.)  ### TUTIONS USA 3. 36-393  (State or country under the law of which it is incorporated)  ### OS-27-94  (Date of incorporation)  ### Date first transacted business in Florida. If corporation has not transacted busin (SEE SECTIONS 607.1501, 607.1502 and 8  #### USA WISS RD. SCHAUMBURG-  (Principal office address)  #### SAAA  (Current mailing address)  ################################## | (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION words or abbreviations of like import in language as will clearly indicate that it is a corporation instead natural person or partnership if not so contained in the name at present.)  ### TULIVOIS USA    3. 36-3936098 | (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)  ### TLLIVOIS USA  3. 36-3936098  (State or country under the law of which it is incorporated)  ### (FEI number, if applicable)  ### OJ-01-2006  Date of incorporation)  ### OJ-01-2006  Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  ### (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  ### OJ-01-2006  Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  ### (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  ### OJ-01-2006  Principal office address)  ### (Current mailing address)  ### (Current mailing address)  ### REST WHESICHAIR ACCESSIRES VANS  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: #### OFFICE WASIATUSE  The contraction of the word "NOT acceptable" (P.O. Box or Mail Drop Box NOT acceptable)  ################################### | (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)  ### THE PROPERTY OF THE P |

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.

71:11MA 1- 8M 8085

| 12. Names and business addresses of officers and/or directors:                               |  |             |
|--|--|-------------|
| A. DIRECTORS   |  |             |
| Chairman:  |  |             |
| Address:   |  | _           |
|  |  |             |
| Vice Chairman:   |  |             |
| Address:   |  | <del></del> |
|  |  | _           |
| Director:  |  |             |
| Address:   | · · · · · · · · · · · · · · · · · · ·  |             |
|  |  | _           |
| Director:  |  | _           |
| Address:   | ······································ | _           |
|  |  | _           |
| B. OFFICERS  |  |             |
| President: CHARLES BAUMGARTNER   | ALL OR                                 | _           |
| Address: 403 WoodHollow LN.  |  | _<br>_      |
| BARTLETT, IL 60103   | SSE 3                                  |             |
| Vice President:  | 177                                    | - [1]       |
| Address:   | `\$} <b>=</b>                          |             |
|  | 52<br>DA                               | _           |
| Secretary:   |  | _           |
| Address:   |  |             |
| Treasurer:   |  | <del></del> |
| Address:   |  | _           |
|  |  |             |
| NOTE: If necessary, you may attach an addendum to the application listing additional officer | s and/or directors.                    |             |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of             | the annlication)                       | _           |
| 14. CHARLES BoumGARTNER PRESIDENT  | ere appression)                        |             |
| (Typed or printed name and capacity of person signing application)                           |  | _           |
| 11.11111   |  |             |
| T1:11MA  | I - XW 9002                            |             |

SOUSHR - I AMII: IT

### File Number

5783~650-4



## 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

FEBRUARY

A.D.

2006

1 - 8M 9002

DEPT OF REVENUE

Desse White

SECRETARY OF STATE