

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : CHECKMATE Account Number : 120030000146 : (941)922-280L Phone Fax Number : (941)922-7741

# FOREIGN PROFIT/NONPROFIT CORPORAT

### AMERIMEX ENTERPRISES, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

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3/8/2006

## COVER LETTER

| TO: New Filing Section Division of Corporations  |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: AMERIMEX ENTERPRISES, INC.  |  |  |  |  |  |
| (Name of corporation - must include suffix)  |  |  |  |  |  |
| 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:  |  |  |  |  |  |
| LEAH HARN  |  |  |  |  |  |
| (Name of Person)   |  |  |  |  |  |
| CHECK MATE   |  |  |  |  |  |
| (Firm/Company)   |  |  |  |  |  |
| 4411 BEE RIDGE ROAD, #257  |  |  |  |  |  |
| (Address)  |  |  |  |  |  |
| SARASOTA, FL 34233   |  |  |  |  |  |
| (City/State and Zip code)  |  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |  |
| LEAH HARN (Name of Person)  at ( 941 ) 922-2801 (Area Code & Daytime Telephone Number)   |  |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |  |  |  |
|  |  |  |  |  |  |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations 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 & \$78.75 Filing Fee & \$87.50 Filing Fee.  Certificate of Status Certified Copy Certified Copy  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.

|  | s) of corporation authorized in home state or o<br>et address of Florida registered agent: (P. | ,   | FLORII                                   | D.   |  |
|--|--|---|--|------|--|
|  | (Current mailing ad<br>LLLAWFUL BUSINESS   | ,   | ARY O                                    | FILE |  |
| SAME AS  | (Principal office add  | or eas)   | 11.7.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 |      |  |
| 7. 16811 EL  |  | LAND, IL 60473  | - 30 - 5                                 |      |  |
|  |  | in Florida, if prior to registration)  502, F.S., to determine penalty liability) |  |      |  |
| 6. UPON Q  | JALIFICATION   |   |  |      |  |
|  | e of incorporation)  | (Duration: Year corp. will cease to exist o                                       | r "perpetual")                           |      |  |
| 4 JUNE 9,  | • •  | (FRI number, if applicable) PERPETUAL   | •  |      |  |
| 2. ILLINOIS (State or country under the law of which it is incorporated)  3. |  | <sub>3.</sub> 61-1457202  |  |      |  |
| •  | lable in Florida, enter alternate corporate name   |   | ness in Florida)                         |      |  |

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.

Danuel Project
(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.

A. DIRECTORS

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

Check Mate

| an:  |                    |                    |   |                 | _  |
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| TELOE DO   | •                  |                    |   |                 |    |
| FICERS   |                    |                    |   |                 |    |
| nt: CAROL GILL   | <del> </del>       | <del>,</del>       | <del> </del>                                  |                 |    |
| 16811 ELLIS AVENUE   |                    |                    |   |                 |    |
| SOUTH HOLLAND, IL 60473  | t.                 |                    |   |                 |    |
| csident:   |                    |                    |   |                 |    |
|  |                    |                    | <u>· · · · · · · · · · · · · · · · · · · </u> |                 |    |
| 5:   |                    |                    |   |                 | _  |
| JAMES BAX  |                    | <u> </u>           | ,   |                 |    |
| 16811 ELLIS AVENUE SOUTH HOLLAND, IL                                     | 60473              | <del>, - =</del> , |   |                 | _  |
|  | <u> </u>           | = -                |   |                 | _  |
| ca:  |                    |                    | <del></del>                                   |                 |    |
| * <u> </u>   |                    |                    |   |                 |    |
|  |                    |                    |   |                 |    |
| : If necessary, you may attach an addendum to the application listing ac | iditional officers | and/o              | directo:                                      | rs.             |    |
|  |                    |                    |   |                 |    |
| Caral of Bill (Signature of Director or Officer listed in number 12 of t | he annication      | ·-                 |   |                 |    |
| AROL GILL, PRESIDENT   | are appreamon)     |                    |   |                 |    |

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

## File Number

6292-333-4



## 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.

Desse White

SECRETARY OF STATE