# F0688888120

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
riok-or	<b>□</b> **∧□	III MAKE
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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07/05/06--01031--011 \*\*78.75

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SECRETARY OF STATE



### **COVER LETTER**

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COVER LET	TED	SST I
COVER LE I	IEK	Ma P
TO: New Filing Section		
Division of Corporations		20
·		y y
SUBJECT: HALL MARK CONSTRUCTION - (Name of corporation -	STUN COMPAN	<u> </u>
(Name of corporation -	must include suffix)	
Dear Sir or Madam:		
	•	
The enclosed "Application by Foreign Corporation for Aut		
"Certificate of Existence," and check are submitted to registransact business in Florida.	ster the above referenced	foreign corporation to
Tunsaet business in 1 fortua.	•	•
Please return all correspondence concerning this matter to	the following:	
TENNIFFE	ל מו	
JENNIFER (Name of Pe	rson)	<del></del>
	•	
HALLMARK COW	STRUCTION CON	nPANY
(rim/Comp	iny)	
Po Box (Address	//3	
(Address	)	
/ かつをリー ブ	N 46356	
(City/State and	Zip code)	<del>.</del>
	• /	
For forther information concerning this matter places calls		
For further information concerning this matter, please call:		
<del></del>	4	
JENNIFER KIDD at (219)		NT - 1 - X
(Name of Person) (Area Cod	le & Daytime Telephone	Number)
,		
OTDEET/GOVERN ADDRESS		<b>D</b> EGG
STREET/COURIER ADDRESS: New Filing Section	MAILING ADD New Filing Section	
Division of Corporations	Division of Corpo	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 3	32314
Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & \$\$	8.75 Filing Fee &	\$87.50 Filing Fee,
	ertified Copy	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.

1	HHLLINAKK CDNSTKI	リペガ	DN ·	ピロカドバ	<i>y</i>			
(Enter na	me of corporation; must include "INCORPORA	ATED,	" "COMP.	ANY," "CORPO	ORATION,	.9		
	Co.," "Corp," "Inc," "Co," or "Corp.")	·		,	·			
	ROD AND	> R	EEL /	MATEL				
(If name	unavailable in Florida, enter alternate corporate	name	adopted fo	r the purpose of	transacting	business	in Floric	da)
`	•							,
2.	ILLUNDIS	3.	34	-344254	ستث			
(State or c	TLUNDIS country under the law of which it is incorporated	d)		(FEI numb	er, if applic	able)		<del></del>
4.	Nov 3 1986. (Date of incorporation)	5.	P	PERPETUA	_			•
-	(Date of incorporation)		(Duration	i: Year corp. wi	Il cease to e	xist or "p	erpetual	<u>")</u>
	•			•		•	•	,
6	DEC 20	04						
	(Date first transacted bus	iness in	n Florida, i	f prior to registra	ition)			
	(SEE SECTIONS 607.1501 &	607.15	502, F.S., to	o determine pena	lty liability	)		
	4							
7	877 NORTH SH	4DRE	DR_	ANNA	MARI	1 <i>)</i> 2	<u>.</u>	
	(Principal office	ce add	ress)					
	20 2-1 43				4/4 =	₹~	<u>~~</u>	
	<i>PO BOH 113</i> (Current maili		LOWE	LL ZN	4603	2	<del>- 52</del> —	
	(Current mailii	ng add	ress)			22	<u></u>	
						>=		
8.	MOTEL - LODGING	2 -	11-	ROOMS		SS	2	į
(P)	irpose(s) of corporation authorized in home stat	te or co	untry to be	carried out in s	ate of Flori	da)r -		
(, ,	inpose(s) of corporation authorized in nome state	ic or co	ountry to be	carried out in s	iate of Front	-7.3	$\triangleright$	2 - 0
9. Name ar	nd street address of Florida registered agent	c (P.C	). Box NO	OT accentable)		STATE	A =:	
,	<u></u>	. (270		<u></u>		202	<del></del>	
Na	me: JENNIFER KIDD					Ģmi	20	
						10-	_	
Office Add	ress: 877 NORTH SHORE	- 2	e					
-111V4 1 IUU								
	ANNA MARIA (City)		Flo	rida <i>-34214</i>	_			
	(City)		,,,,,,	(Zin cod	e)			
	(0,)			(23.15 000	<del>-</del> /			•

#### 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. DIRECTORS	
Chairman:	
Address:	
·	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	TALL.
	AR F
B. OFFICERS	S≥ 2
President: LONALD SERBSTROM	SEE. F
Address: 5970 W 205th AVE	(1)
LOWELL IN 4103520	
Vice President:	
Address:	
G	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional off	ficers and/or directors.
13.	
(Signature of Director or Officer listed in number 12 of the application	ion)
14. RONALD BERGSTROM	
(Typed or printed name and capacity of person signing application	1)



## 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  $$^{22\rm ND}$$  day of  $$^{\rm JUNE}$$  A.D.  $$^{2006}$$  .

Desse White