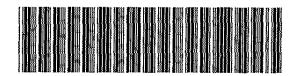
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
WV538346						

Office Use Only



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SECRETARY OF STATE TALL AHASSES FIGURE

THE PROPERTY AND PROPERTY.

COVER LETTER

TO: New Filing Section Division of Corporations							
SUBJECT: Lakeshore Exhibit Service, 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:							
Robert J. Mazarchuk							
(Name of Person)							
Lakeshore Exhibit Service, Inc.							
(Firm/Company)							
9402 American Eagle Way							
(Address)							
Orlando, Florida 32824-8378							
(City/State and Zip code)							
For further information concerning this matter, please call: Robert J. Mazarchuk at (407) 857-6661							
(Name of Person) (Area Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327							
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301							
Enclosed is a check for the following amount:							
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy							



Division of Corporations

August 10, 2006

ROBERT J. MAZARCHUK 9402 AMERICAN EAGLE WAY ORLANDO, FL 32824-8378

SUBJECT: LAKESHORE EXHIBIT SERVICES, INCORPORATED

Ref. Number: W06000035340

We have received your document for LAKESHORE EXHIBIT SERVICES, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The date of incorporation on your application and your certificate of existence must match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist

CHanges made - Thank you

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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	Lakeshore Exhibit Service, Inc.				_	
	(Enter name of corporation; must include "INCORPORATEI "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp."))," "C	OMPANY," "CORPORATION,"			
	(If name unavailable in Florida, enter alternate corporate name	e adop	ted for the purpose of transacting business	in Florida)	-	
2.	Illinois	# :	36-3525528			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		_	
4.	July 20, 1987	, Pe	rpetual		_	
	(Date of incorporation)	(D	ration: Year corp. will cease to exist or "p	erpetual")		
6.	January 01, 2006			<u>-</u>	_	
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.					
7.	9402 American Eagle Way, Orlando F	lorid	la, 32837-8378			
٠٠.	(Principal office ac	idress)				
	Same as above			A <u>F</u>	298	
	(Current mailing ac	ling address)			E	T
8.	Display / Exhibit Services			ARY	21	
	(Purpose(s) of corporation authorized in home state or	countr	y to be carried out in state of Florida)	1, F.		ED
9.	Name and street address of Florida registered agent: (P	.O. B	ox <u>NOT</u> acceptable)	ORA NA	1: 46	
	Name: Robert J. Mazarchuk		··· ·	A CT	94	
0	ffice Address: 9402 American Eagle Wa	у	<u>.</u> .		•	
	Orlando	.=-	, Florida 32837-8378			
	(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.

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

Chairman: Carl Wolf Attdress: 5850 West Ogden Avenue, Cicero IL 60804	T SF 3
Address.	ECR ≥ 1
Vice Chairman:	AARN AARN
Address:	- 무유 교 년
	유 <mark>물 :</mark>
Director:	→ o
Address:	
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS President: Carl Wolf Address: 5850 West Ogden Avenue, Cicero IL 60804	
Address:	
Vice President: Larry Zuker / Rick Ostrowski	
Address: 5850 West Ogden Avenue, Cicero IL 60804	
Secretary: Larry Zuker	
Address: 5850 West Ogden Avenue, Cicero IL 60804	,,,
Address: 5000 VVest Ogden Avende, Oldero IL 00004	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or	directors.
13. Signature of Director or Officer listed in number 12 of the application)	
Larry Zuker, Secretary	
(Typed or printed name and capacity of person signing 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

3RD

day of

AUGUST

A.D.

2006

Desse White