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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION

ALSINA FORMS CO., INC.

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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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Pine # "Co. " "C	corporation; must include "INCORPORATED corp, " "Inc, " "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
	nep, ma, ou, a our,		
Of name imavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)
LILLINOIS	_	22-3842302	,
State or country	under the law of which it is incorporated)	(FEI mumber, if applicable)
NOVEMBER (5. 20015	PERFETUAL	
	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
		in Florida, if prior to registration) 502, F.S., to datarmine penalty liability)	
200 E. TO	·	, , , , , , , , , , , , , , , , , , , ,	
	(Principal office add		
_200_ETOI	THY AVE. DES PLAINES, II. 60015 (Current mailing ado		
	•		
		9	
General pur	posa which shall include wholes	Bale and resale sale of goods	and services.
General pur (Purpose(poss which shall include wholes of corporation authorized in home state or o	nale and resale sale of goods country to be carried out in state of Florida)	and services.
(Purpose(pose which shall include wholes of corporation authorized in home state or or t address of Florida registered agent: (P.0	contry to be carried out in state of Florida)	and rervices.
(Purpose(s) of corporation authorized in home state or o	contry to be carried out in state of Florida)	SECRET
(Purpose() Name and <u>stree</u> Name:	s) of corporation suthorized in home state or our address of Florida registered agent: (P.C	contry to be carried out in state of Florida)	OF SEP -6
(Purpose).	of corporation suthorized in home state or out address of Florida registered agent: (P.C. Corporation Service Company 1201 Haye Street	Donntry to be carried out in state of Florida) D. Box NOT acceptable)	06 SEP -6
(Purpose() Name and <u>stree</u> Name:	 of corporation suthorized in home state or or z address of Florida registered agent: (P.C. Corporation Service Company 	contry to be carried out in state of Florida)	06 SEP -6
(Purpose() Name and <u>stree</u> Name: fice Address:	of corporation authorized in home state or out address of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Tallahassee (City)	onntry to be carried out in state of Florida) D. Box NOT acceptable)	06 SEP -6
(Purpose) Name and stree Name: fice Address: Registered a	of corporation suthorized in home state or out address of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Taliahassee (City)	onntry to be carried out in state of Florida) D. Box NOT acceptable) , Florida 32301(Zip code)	OB SEP -6 AM IO: 35 SECRETARSEE, FLORIE
(Purpose) Name and stree Name: Name: Registered asving been name ignated in this	of corporation authorized in home state or out address of Florida registered agent: (P.C. Corporation Service Company 1201 Hays Street Tallahassee (City)	onntry to be carried out in state of Florida) D. Box NOT acceptable) , Florida 32301, Clip code) ice of process for the above stated corporate as registered agent and agree to acceptance to accept and agree to acceptance.	SECRETAR LEF STATE ration at the place at in this capacity.

(Registered agent's signature) of Corporation Seques Congerny

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

11. Attached is a certificate of existence unly authennicated, 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:

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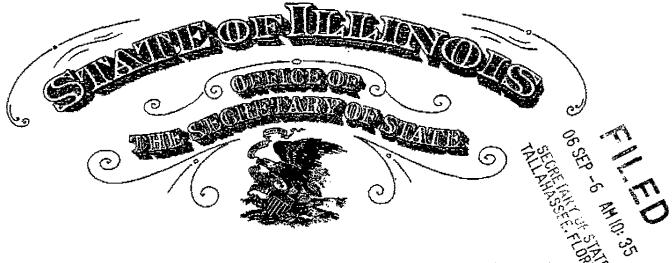
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A. DIRECTORS
Chairman:
Address:
Vice Chalman:
Address:
Director JOAN ALSINA OLIVA
Address: 200 E. TOURY AVE.
DES PLAINES, IL 60018
Director: JAUME ALSINA OLIVA
Address: 200 E, TOTHY AVE.
DES PLAIRES, IL 60018
•
B. OFFICERS
President: JOAN ALSINA OLIVA
Address 200 E. TOUHY AVE. DES PLATNES, IL 60018
Vice President:
Address:
Secretary: JAUME ALSINA OLIVA
Address: 200 E. TOUHY AVE. DES FLATNES, IL 60018
Tressurer: YAUNG AT SINA OF TWA
Address: 200 E. TOURY AVE. DES PLAINES, IL 60018
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
14. JOAN ALSINA OLIVA (Typed or printed name and capacity of person signing application)

File Number

6187-723-1



To all to whom these Presents Shall Come, Greeting

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ALSINA FORMS CO., INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE NOVEMBER 6, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this
day of

SEPTEMBER A.D. 2006

Desse White

SECRETARY OF STATE