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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: LAKESHORE AT	HLETIC SERVICES, INC
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to
Please return all correspondence concerning this m	atter to the following:
BERNADETTE COOL	NEU
	ne of Person)
LAKESHORE ATHLETI	C SERVICES, INC
	n/Company)
7555 NORTH LIND	ER
SKOKIE IL	Address)
(City/State and Zip code)	
For further information concerning this matter, ple	ase call:
BERNAMETTE COONEY at (847, 673 4100	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	,
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified 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.		
LAKESHORE ATHLETIC SERVICES. INC.		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
rine., "Co.," Corp, "line," Co, "or "Corp.")		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)		
2. <u>1LLINDIS</u> 3. <u>36-3203749</u>		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. 10-08-1982 5. PERPETUAL		
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
6. /VIARCH 1, 2006		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 7555 NORTH LINDER AVE, SKOKIE IL 60077		
(Principal office address)		
7555 NORTH LINDER AVE, SKOKIE IL 60077		
(Current mailing address)		
* PROMOTERS OF PERFORMING ARTS SPORTS		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: THOMAS COONEY		
Name: THOMAS COONEY		
413 79th CHRCET		
Office Address: 413 79th STREET NOLMES BEACH, Florida 34217 (City) (Zip code)		
NOLMES BEACH, Florida 34211		
(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.		

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: THOMAS G COONEY
Address: 6725 NORTH WILDWOOD
CHICAGO IL 60646
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS President: THOMAS G COONEY
Address: 6725 NORTH WILDWOOD
CHICAGO IL 60646
Vice President:
Address:
Addicss.
Conrataria
Address:
Treasurer:
Address:
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. THOMAS GOONEY, PRESIDENT/CHAIRMAN
(Typed or printed name and capacity of person signing application)

File Number

5287-516-1



To all to whom these Presents Shall Come, Greeting:

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

LAKE SHORE ATHLETIC SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 08, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0804900488

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH

day of FEBRUARY

A.D.

2008

Desse White

SECRETARY OF STATE