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TALLAHASSEE, FLORIDA

J. Shivers OCT 12 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MAHER AND ASSOCIATES, 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," or "Certificate of Good Standing" 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:

LYNETTE A MAHER
Name of Person
MAHER AND ASSOCIATES, INC.
Firm/Company
1520 BIRMINGHAM DRIVE
Address
AURORA, IL 60502-1316
City/State and Zip code
LYNM@MAHERASSOC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNETTE MAHER at (630) 585-1078
Name of Person Area Code & Daytime Telephone Number

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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
P.O. Box 6327
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 & Certified Cop \$87.50 Filing Fee, 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. MAHER & ASSOCIATES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MAHER & ASSOCIATES, INC. OF ILLINOIS

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 36-3850792
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 29, 1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1520 BIRMINGHAM DRIVE, AURORA, IL 60502
(Principal office address)

1520 BIRMINGHAM DRIVE, AURORA, IL 60502
(Current mailing address)

8. SALES AND MARKETING
(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)

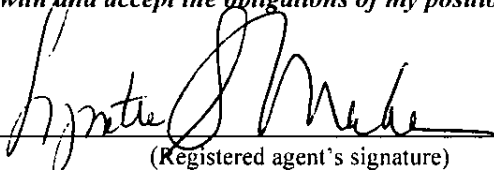
Name: LYNETTE A MAHER

Office Address: 3381 CYPRESS MARSH DRIVE

FT MYERS, Florida 33905
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOHN T MAHER

Address: 3381 CYPRESS MARSH DRIVE, FT MYERS, FL 33905

Vice President: _____

Address: _____

Secretary: LYNETTE A MAHER

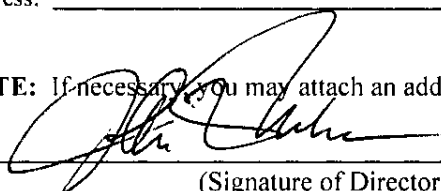
Address: 3381 CYPRESS MARSH DRIVE, FT MYERS, FL 33905

Treasurer: _____

Address: _____

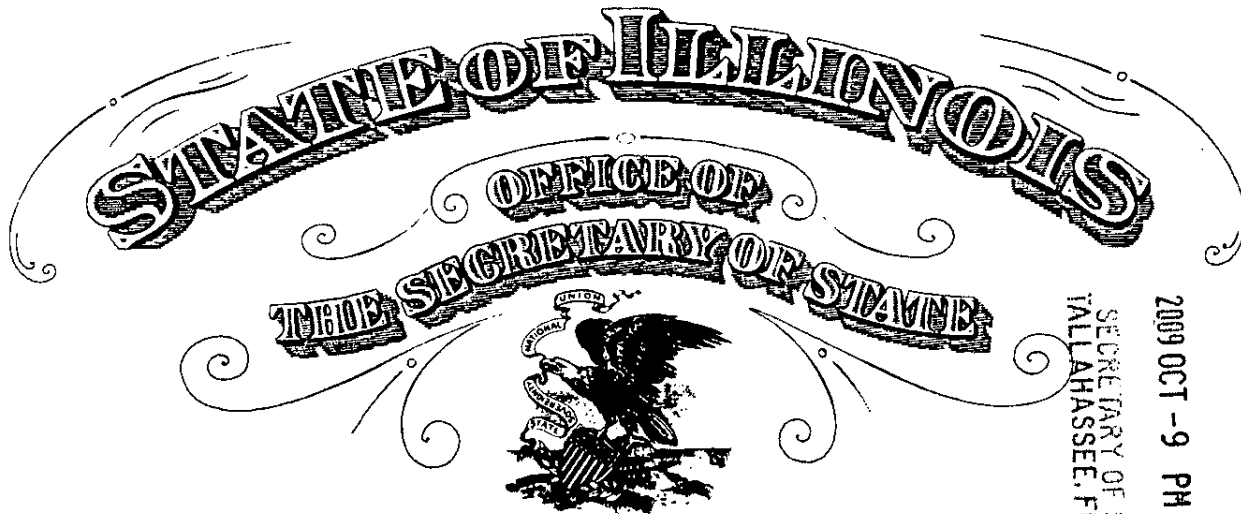
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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

14. JOHN T. MAHER President
(Typed or printed name and capacity of person signing application)

File Number 5704-695-3



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To all to whom these Presents Shall Come, Greeting:

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

MAHER & ASSOCIATES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 28, 1992, 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.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of OCTOBER A.D. 2009

Jesse White

Authentication #: 0927900820

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

SECRETARY OF STATE