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| PICK-UP                 | ☐ WAIT            | MAIL          |
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| ` (Do                   | cument Number)    | <del></del> : |
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| Certified Copies        | Certificates      | of Status     |
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| Special Instructions to | Filing Officer:   |               |
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## **COVER LETTER**

| Division of Cor                                                                             |                                            |                                                                                  |                                                            |
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| SUBJECT: Hospita                                                                            | ality & Catering Ser                       | vices, Inc.                                                                      |                                                            |
|                                                                                             |                                            | ntion - must include suffix                                                      |                                                            |
| Dear Sir or Madam:                                                                          |                                            |                                                                                  |                                                            |
| "Certificate of Existence                                                                   |                                            | for Authorization to Transac<br>Standing"and check are subm<br>in Florida.       |                                                            |
| Please return all corresp                                                                   | ondence concerning this m                  | atter to the following:                                                          |                                                            |
|                                                                                             | Lau                                        | ra Blair                                                                         |                                                            |
|                                                                                             | Name                                       | e of Person                                                                      |                                                            |
|                                                                                             | Hospitality & Ca                           | tering Services, Inc.                                                            |                                                            |
|                                                                                             | Firm/                                      | Company                                                                          |                                                            |
|                                                                                             | 2150 S. Cana                               | alport, Suite 3-A1                                                               |                                                            |
|                                                                                             | A                                          | ddress                                                                           |                                                            |
|                                                                                             | Chicago, I                                 | llinois 60608                                                                    |                                                            |
|                                                                                             | <u>-</u>                                   | ate and Zip code                                                                 |                                                            |
|                                                                                             | laurab@hos                                 | spitalitymail.net                                                                |                                                            |
|                                                                                             |                                            | sed for future annual report n                                                   | otification)                                               |
| For further information                                                                     | concerning this matter, plea               | ase call:                                                                        |                                                            |
| Laura Blair                                                                                 | at ( 31                                    | 2 , 436-1043                                                                     |                                                            |
| Name of Person                                                                              | 1 A                                        | rea Code & Daytime Telepho                                                       | one Number                                                 |
| STREET/COU New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL | porations<br>3<br>Center Circle            | MAILING AI<br>New Filing Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, F | ction<br>rporations                                        |
| Enclosed is a check for t                                                                   |                                            |                                                                                  |                                                            |
| \$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.

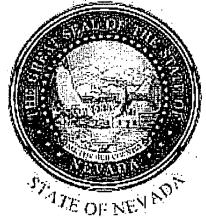
| January 13, 2003   5.   perpetual     (Date of incorporation)   (Duration: Year corp. will cease to exist or "perpetual")    June 2009   (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)    2150 S. Canalport, Suite 3-A1, Chicago, Illinois 60608                                                                                                                                     | January 13, 2003 (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  2150 S. Canalport, Suite 3-A1, Chicago, Illinois 60608 (Principal office address)  2150 S. 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Box NOT acceptable)  Name:  Dan Burke 6111 Enterprise Drive #2008  Pensacola (City)  Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Dan Burke  6111 Enterprise Drive #2008  Pensacola  (City)  Florida 32525  (Zip code)                                                                                                                                                                                                                                                                                                            | . 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| Name: Dan Burke  ffice Address: 6111 Enterprise Drive #2008  Pensacola , Florida 32525  (City) (Zip code)                                                                                                                                                                                                                                                                                                                                                                             | . 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| Fice Address: 6111 Enterprise Drive #2008  Pensacola , Florida 32525  (City) (Zip code)                                                                                                                                                                                                                                                                                                                                                                                               | . Registered agent's acceptance:  Twing been named as registered agent and to accept service of process for the above stated corporation at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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Box NOT acceptable)  A SSECTION OF THE STATE OF THE  |
| signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac                                                                                                                                                                                                                                                                                                                                                                      | nd I am familiar, with and accept the obligations of my position as registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                          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Box NOT acceptable)  , Florida 32525  (Zip code)  rvice of process for the above stated corporation at the position at registered agent and agree to act in this capacity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Registered as laving been namesignated in this arther agree to continue to the continue | et address of Florida registered agent: (En Dan Burke  6111 Enterprise Drive #2008  Pensacola  (City)  gent's acceptance: (City)  gent's acceptance: (City)  gent's acceptance: (City)  gent's acceptance: (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P.O. Box NOT acceptable)  , Florida 32525  (Zip code)  rvice of process for the above stated corporation at the partners as registered agent and agree to act in this capacity is relative to the proper and complete performance of my                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

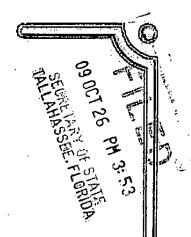
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: FILED A. DIRECTORS Chairman: Ms. Janece Burke, President Address: Hospitality & Catering Services, Inc. 2150 S. Canalport Ave., Suite 3-A1, Chicago, IL 60608 Vice Chairman: Mr. Raoul Finlay, Treasurer Address: Hospitality & Catering Services, Inc. 175 B Tahoma Circle, Zephyr Cove, NV 89448 Director: Mr. Wojciech Iwaszkiewicz, Secretary Address: Hospitality & Catering Services, Inc. 9900 Barston Court, Alpharetta, GA 30022 Director: Mr. Dan Burke, Director Address: Hospitality & Catering Services, Inc. 2150 S. Canalport Ave, Suite 3-A1, Chicago, IL 60608 **B. OFFICERS** President: see above Address: Vice President: see above Address: Secretary: see above Address: Treasurer: see above Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Janece Burke, President

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, HOSPITALITY & CATERING SERVICES, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 13, 2003, and is in good standing in this state.

L OF

office on September 10, 2009.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20090910-1109
You may verify this electronic certificate
online at http://www.nvsos.gov/