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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:						
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Office Use Only



300181595303

06/07/10--01039--016 **78.75

06/22/10--01002--001 **650.00

SECRETARY OF STATE





COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CHICAGO WICKER & TRADING COMPANY - NORTH CAPE INTERNATIONAL, 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:
D. ERIN WALSH
Name of Person
CHICAGO WICKER & TRADING COMPANY
Firm/Company
5151 WEST 73RD STREET, SUITE B
Address
BEDFORD PARK, IL 60638
City/State and Zip code
EWALSH@NORTHCAPEOUTDOOR.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
D. ERIN WALSH at (708) 563-2890
Name of Person Area Code & Daytime Telephone Number
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 & □ \$78.75 Filing Fee & □ \$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.	CHICAGO WIC	KER & TRADING COMPANY					•
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,'	"COMPANY," "CORPORATION,"			
	NorthCape Flori	ida					
	(If name unavaila	ble in Florida, enter alternate corporate na	me :	adopted for the purpose of transacting busin	ess in Florida)		
2.	ILLINOIS		3.	36-4270310			
	(State or country u	under the law of which it is incorporated)		(FEI number, if applicable)			
4.	1/01/1999		5.	perpetual			
	(Date	of incorporation)		(Duration: Year corp. will cease to exist o	r "perpetual")		
6.	OCTOBER 200	9					
				Florida, if prior to registration) 02, F.S., to determine penalty liability)			
7.	605-609 East Co	olonia Lane , Nokomis, FL 34273					
•		(Principal office	addı	ess)			
	605-609 East Co	olonia Lane , Nokomis, FL 34273					
		(Current mailing	addı	ress)	-		
8.	MAINTAIN A W	AREHOUSE FOR PRODUCT SHIPM	ENT	s	SECON NEAN	te Ju	
	(Purpose(s)	of corporation authorized in home state of	r co	untry to be carried out in state of Florida)	A SS		<u></u>
9.	Name and street	address of Florida registered agent: ((P.O	. Box NOT acceptable)			
	Name:	ROBERT KENNEY			OF STATE	1	
Oi	ffice Address:	605-609 East Colonia Lane			क्रिल क्ष		٠,
		NOKOMIS		, Florida 34273			
		(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.

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

A. DIRECTORS	10 JUN 18 PM 3: 35
Chairman:	SECRETAIN OF STATE
Address:	TALLALIA SEE EL ODIDA
ice Chairman:	
ddress:	
Director:	
ddress:	
irector:	
ddress:	
B. OFFICERS resident: THOMAS MURRAY	
ddress: 5151 WEST 73RD STREET, SUITE	В
BEDFORD PARK, IL 60638	
ice President: CHIEF FINANCIAL OFFICER -	ERIN WALSH
ddress: 5151 WEST 73RD STREET, SUITE B - E	BEDFORD PARK, IL 60638
5151 WEST 73RD STREET, SUITE B - B	EDFORD PARK, IL 60638
ecretary:	
ecretary:	

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

APPROVICE AND FILED

File Number

6034-524-4



To all to whom these Presents Shall Come, Greeting:

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

CHICAGO WICKER & TRADING COMPANY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 10, 1999, 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 #: 1012701510

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 7TH

day of

MAY

A.D.

2010

Desse White

SECRETARY OF STATE