## F110000004211

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(englestate/2)ph notion,						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





000213032350

10/18/11--01025--009 \*\*78.75

SECRETARY OF STATE.

## **COVER LETTER**

TO:	New Filing Section Division of Corporations						
SUBJI	ECT: SRAINT	REE ENTERPRISES INC					
20201		Name of corporat	tion - must include suffix				
Dear Si	ir or Madam:						
"Certifi	icate of Existence		for Authorization to Transact Standing" and check are subm siness in Florida.				
Please 1	return all corresp	ondence concerning this ma	tter to the following:				
WILLIA	AM GINGRICH						
		Name	of Person				
S RAIN	TREE ENTERPR	ISES INC					
		Firm/C	Company				
1300 E	WOODFIELD RE	STE 400					
		Ac	ddress				
SCHAU	JMBURG IL 6017	3-5444					
		City/Stat	e and Zip code				
WGING	RICH@HOSTMA						
		E-mail address: (to be use	ed for future annual report no	tification)			
For furt	ther information of	concerning this matter, pleas	se call:				
WILLIAM GINGRICH at ( 847 ) 915-4674							
	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			New Filing Section Division of Cor P.O. Box 6327	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclose	ed is a check for t	he following amount:					
<b>□</b> \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$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 SKA	Corporation; must include "INCORPORA	SINC			
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")	ATED," "COMPA	NY," "CORPORATION,"		
(If name unava	ilable in Florida, enter alternate corporate	name adopted for	the purpose of transacting busi	ness in Florida)	
2		3. <b>36</b>	- 3914422		
(State or country	y under the law of which it is incorporated	d)	- 3914422 (FEI number, if applicable	)	
4	te of incorporation)	5.	PERPETUAL Year corp. will cease to exist		
(Dat	e of incorporation)	(Duration:	Year corp. will cease to exist	or "perpetual")	
6					
	(Date first transacted busing (SEE SECTIONS 607.1501 & 6	ness in Florida, if 607.1502, F.S., to	prior to registration) determine penalty liability)		
7. 1300		STE 400	Sc HAUMBURG	1L 60173-	5444
	(Principal offic	e address)	•		
	SAME (Current mailing				
	(Current mailin	g address)			
8. PAY	ROLL SERVICES) of corporation authorized in home state				
(Purpose(	s) of corporation authorized in home state	or country to be o	arried out in state of Florida)		
9. Name and stree	et address of Florida registered agent:	(P.O. Box <u>NO</u>	<u>Cacceptable</u> )		
Name:	C T Corporation System			₽s	
Office Address:	1200 South Pine Island Road			<b>1</b> 200	00.7
	Plantation	Flori	da 33324	TAH) ASSE	<u></u>
	(City)	, Flori	(Zip code)	m _S	P
Pegietared as	gent's acceptance:			- F - S - S	-4
Taving been nam	ed as registered agent and to accept s	service of proces	s for the above stated corpor	ration at the place	
lesignated in this	application, I hereby accept the appo	olntment as regis	stered agent and agree to ac	t in this capacity.	ľ
nd I am familiar	omply with the provisions of all statut with and accept the obligations of my C T Corporation System	y position as reg	e proper ana complete perjo istered agent.	rmance of my auti	ies,
By:	BAA		ette McNamara		
	(Registered agent's signate	Assist	ant Secretary——		

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	11 UCT 18 PM 1: 12
Chairman:	OMARIE BUST CHE CIART
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: ROBERT J CATALDO	
Address: 1300 E WOODFIELD RD STE 400 SCHAUMBURG IL 60173-5444	
Vice President:	
Address:	
Secretary: JEROME CATALDO	,
Address: 1300 E WOODFIELD RD STE 400 SCHAUMBURG IL 60173-5444	
Treasurer: WILLAIM GINGRICH	
Address: 1300 E WOODFIELD RD STE 400 SCHAUMBURG IL 60173-5444	
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.
13. X	
Signature of Director or Office The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a dothird degree felony as provided for in s.817.155, F.S.	12 above) affirms that the facts stated herein
14. WILLAIM GINGRICH TREASURER	
(Typed or printed name and capacity of person sig	ning application)



## To all to whom these Presents Shall Come, Greeting:

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

S. RAINTREE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 01, 1993, 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 #: 1128701244

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH

day of

OCTOBER

A.D.

2011

Desse White

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

SECRETARY OF STATE