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DIVISION OF CORPORATION

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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: GAP Consulting Group A LTD Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	nding" and check are submitted to register the			
Please return all correspondence concerning this matter	er to the following:			
SAP CONSULTING	Group, LTO.			
/620 Devons41				
Lake For City/State	est IL 60045 and Zip code			
De-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please	call:			
Sary Plastes at (847) 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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	E WITH SECTION 607.1503, REIGN CORPORATION TO	TRANSACT BUSI	NESS IN THE STATE OF	'FLORIDA.	ro
(Enter name of c "Inc.," "Co.," "C	огр," "Ine," "Co," or "Corp.")			ION,"	_
*	GAP (casu H	The 47	D		
(If name unavails	able in Florida, enter alternate co	rporate name adopt	ed for the purpose of transa	cting business in Flo	rida)
<u>+//</u>	thois under the law of which it is inco	3	80-013	3778	
	1 1		(FEI number, if a	pplicable)	
8	14/2008	5	Resetual		
(Date	of incorporation)	(Du	ration: Year corp. will ceas	e to exist or "perpetu	ıal")
	<u> </u>				
	(Date first transact	ed business in Flor	ida, if prior to registration)	L 212	
,,	(SEE SECTIONS 607.1	301 & 607.1302, F	S., to determine penalty lia	ouity)	/
16	20 Drughshire	LGAR	Lake Foro	35,12	ه ه کـــد
	20 Oquandire Land (Curren	Daj Office address)		1 5 5 1 5	
1650	Devonstire Land	, Loke	01011, IL	60042	
	(Curren	t mailing address)	,		
V	Management Co	a a co 16 m			
(Purpose(s)	of corporation authorized in ho	me state or country	To be carried out in state of	Florida)	_
	•	•		, , , , , , , , , , , , , , , , , , , ,	12 I
Name and street	t address of Florida registered	agent: (P.O. Box	NOT acceptable)		APR
Name:	National Corporate Rese	arch, Ltd., Inc.			- 8 - 8
fice Address:	155 Office Plaza	Drivo			Ċ.
nce Address:	133 Office Fiaza	DIIAG			PH
	Tallahasse		, Florida <u>32301</u>		• • •
	(City)		(Zip code)		ST S
. Registered ag	ent's acceptance:				
	ed as registered agent and to				
	application, I hereby accept to mply with the provisions of a				
	with and accept the obligation			grang ar ministra	-,,
		<i>a</i>			
	Mushow 4	Nulin	10000		

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 ster 11 , Lake Forst, IC 60045 Vice Chairman: Address: Director: ___ Address: B. OFFICERS 1620 Devenshine, Lake Forest, IC 60045 Vice President: Address: ___ Secretary: _ Address: _ Treasurer: Address: NOTE: If necessary, you may attach an addendath to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. (Typed or printed name and capacity of person signing application)

File Number

6617-516-2



To all to whom these Presents Shall Come, Greeting:

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

GAP CONSULTING GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 14, 2008, 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 #: 1210001892

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 9TH

day of

APRIL

AD

2012

Desse White

SECRETARY OF STATE