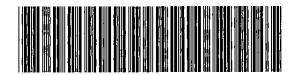
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: THE MANAGEMENT A	-UTHORITY INC. n - 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 matte	er to the following:
JOHAN RODRIGUEZ Name of	
Name of	Person
THE MANAGEMENT AUTHORS	ETY INC
1701 EAST WOODFIELD RO	
SCHAUMBURG, ILLINOIS City/State a	60173
City/State a	and Zip code
THEMANAGEMENTAUTHORITY @ G.M. E-mail address: (to be used	ATL, COM for future annual report notification)
For further information concerning this matter, please	call:
Name of Person Area	) 497 - 0041 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	3 \$78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy Certified Copy



November 17, 2014

JOHAN RODRIGUEZ 1701 E.WOODFIELD RD., STE.1101 SCHAUMBURG, IL 60173

SUBJECT: THE MANAGEMENT AUTHORITY, INC.

Ref. Number: W14000069160

We have received your document for THE MANAGEMENT AUTHORITY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Letter Number: 514A00024376

# John W. Callahan, Ltd.

## Attorney at Law

December 1, 2014

Florida Department of State Division of Corporations Corporate Records P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

I am enclosing a letter addressed to Johan Rodriquez at 1701 East Woodfield Road, Suite 1101, Schaumburg, IL 60173. Your reference No: W14000069160. No such entity or person name Johan Rodriquez has ever been associated with this address in the past seventeen years. I am returning this so that you can become aware of the same.

If you have any questions, fee! free to contact me at any time.

Very truly yours,

John W. Callahan

JWC/hjs



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2014

JOHAN RODRIGUEZ 200 SOUTH BISCAYNE BLVD. MIAMI, FL 33131 \*\*\*2ND MAILING\*\*\*

SUBJECT: THE MANAGEMENT AUTHORITY, INC.

Ref. Number: W14000069160

We have received your document for THE MANAGEMENT AUTHORITY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 514A00024376

District of Communities D.O. DOV 6007 Mallabarra Florida 20014

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			TATUTES, THE FOLL BUSINESS IN THE ST			
1. THE MA (Enter name of c "Inc.," "Co.," "C	NAGEMENT orporation; must include orp," "Inc," "Co," or "C	AUTHORTTY: "INCORPORATED, orp.")	TNC. "COMPANY," "COR	PORATION,"		2
(If name unavail	able in Florida, enter alto	ernate corporate name	adopted for the purpose	of transacting bus	iness in Flori	da)
(State or countr	y under the law of which	n it is incorporated)	47 - 20447 (FEI n	umber, if applicat	ole)	
4. <u>10-19-7</u>		5.	PERPETUA	L		
(Date	of incorporation)		(Duration: Year corp.	will cease to exist	or "perpetua	.!")
	(SEE SECTIO	NS 607.1501 & 607.1.  E BLVD SU: (Principal office add	TE 2790 M	enalty liability)		
8. Name and stree			D. Box NOT acceptab	le)		
Name:	JOHAN RO	DRIGUEZ				
Office Address:	200 SOUTH	BISCAYNE B	LVD SUITE 2	1790		
	MIAMI (	City)	, Florida <b>331</b> (Zip c	3 (code)		
designated in this further agree to c	ed as registered agen application, I hereby omply with the provis	accept the appoints sions of all statutes the obligations of	ice of process for the one of the organization as registered age relative to the proper of my position as registered.	ent and agree to and complete pe	act in this c	capacity. I
_	- In-	(Registered agent's si	gnature)			

10. 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.

A. DIRECTORS	
Chairman:	
Address:	
7777	
Vice Chairman:	
Address:	
	702 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Director:	<u> </u>
Address:	<u> </u>
	<u> </u>
Director:	
Address:	
Address: 8871 SW 23RD ST MIRAMAR FL 3	3025
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the applicat	ion listing additional officers and/or directors.
Signature of Director of The officer or director signing this document (and who is listed in are true and that he or she is aware that false information submitted a third degree felony as provided for in s.817.155, F.S.  Johan Rodriguez, President	number 12 above) affirms that the facts stated herein

File Number

6521-247-1



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

THE MANAGEMENT AUTHORITY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 19, 2006, 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 #: 1429002744

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 17TH

day of

**OCTOBER** 

2014

SECRETARY OF STATE