F16000014907

(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: HE GREG GAVE PERMISSION— HO COFFEET name. 114/16 1016-70130
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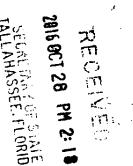


FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2016

GREG GRIDEL 3023 N. CLARK ST. #205 CHICAGO, IL 60657

SUBJECT: MELANGE' LTD. Ref. Number: W16000070130



We have received your document for MELANGE' LTD. and your check(s) totating \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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) 245-6051.

Tanisha L Washington Regulatory Specialist II

Letter Number: 016A00022050

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MELANGE, LTD. Name of corporation - must include suffix
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:
OREG GEIDEL Name of Person
MELANGE, LTD. Firm/Company
Firm/Company
_3023 N. CLARK ST. #205
Address
3023 N. CLARK ST. #205 Address CH JCAGO [L. 60657 City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GREG GEIDEL at (312) 513-2100 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration 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 & Certificate of Status □ \$78.75 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. MELANGF'LT. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") We ange Limited Tro. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>July Nois</u> 3. <u>32-0460895</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 1979 5. (Date of incorporation) (Date of duration, if other than perpetual)
6. Nouem BER 1, 2016 (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7 2148 H1B15CUS ST, SARASOTA, FL, 34239 (Principal office address)
(Principal office address)
(Current mailing address, if different)
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: GREG GEIDEL
Office Address: 2148 HIBISCUS ST. SARASOTA Florida 34239 (City) (Zip code)
Office Address: V// ////S/3243 //
SARASOTA, Florida 34239
(City) (Zip code)
9. 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
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.

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.

(Registered agent's signature)

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

A. DIRECTORS'

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Audicss.
Director:
Address:
Director:
Address:
<u> </u>
B. OFFICERS
President: GREG GEIDEC
2110
SARASOTA FL 34239
STIPPE STATE
Vice President:
Address:
Secretary: (SREG GEIDEC
Address: 2148 HIBISCUS ST. SARASOTA FL 34239
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. They I evale!
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 11 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.
13. CARG GRIDEL (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

File Number

5166-732-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MELANGE LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 06, 1979, 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 TO DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of SEPTEMBER A.D. 2016.

Authentication #: 1627300378 verifiable until 09/29/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE