PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # F94000005862+- 1. Corporation Name LMF Holdings Incorporated							JEURETARY OF STATE FALLAHASSEE, FLORIDA			
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· ·			I	Mailing Office Address 333 Pierce Road				TENENT O	(Control of the Control of the Contr	
			Suite, Apt. #, Suite	e 370 4. Da		4. Date Inco				
City & State City & State			City & State	5. F		5. FEI Num	ber	11/14/ And	94 olied For	
Itasca, Illinois Zip Country		Itasca, Illinois Zip Country		6.	36-3947012 Not Applicable 6. STATISTICATE OF STATISTIC PROJECT S8.75 Additional Fee required					
6014	60143 USA 601		60143							
	Name		7. N	lame and A	ddress of Current Re	gistered Agent			ļ	
CT Corporation System										
	Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road									
Suite, Apt. #, Etc.					y boden 11m				1	
	City	Plantation					State	Zip Code	1	
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8. I, being	appointed the		ve named corpo	ration, am f	amiliar with and accept	the obligations of sec	FL tion 607.056	33324 05 or 617.0503, F.S.	9,5	
8. I, being Signature of Registered	f C-		ve named corpo	ration, am f Spec ENT MUST	amiliar with and accept	•			20 K 0 K 0 K 0 K 0 K 0 K 0 K 0 K 0 K 0 K	
Signature o Registered	f Agent <u>Co</u>	e registered agent of the above	EGISTERED AG	Spec ENT MUST	ial Asst.	Sec.		05 or 617.0503, F.S.	CRO7EDR (01/05)	
Signature o Registered	f Agent <u>Co</u>	e registered agent of the abovenile Bryan	EGISTERED AG	Spec ENT MUST	ial Asst.	Sec. st at least 3 directors)		05 or 617.0503, F.S.	CS-2-ERM (M.O.S.)	
Signature o Registered	Agent Co	e registered agent of the above the second of the se	EGISTERED AG	Spec ent must rida nonpro	SIGN ASSH. SIGN Sitreet Address of	st at least 3 directors) of Each irector	Date	2 - 14 - 05		
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