F95000000049

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

S.O.O.O.O.A. E.71.005 -0.705/9501057004 +++++70.00
SUBJECT: JMB SYSTEMS (OBP (Name of corporation)
Dear Sir or Medam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business In Florida", "Certificate of Existence", 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:
TOHN M BIEGEL (Name of Person) TMB SYSTEMS CORP (Firm/Company) 3N174 WOOD OREEK LN (Address) WEST CHILAGO TIL 60185 (City, State and Zip Cbde)
Lhould you need to call someone concerning this matter, please call: TOHN BIEGE at (108) 993 - 1515. (Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



December 7, 1994

JOHN M. BIEGEL JMB SYSTEMS CORPORATION 3N174 WOODCREEK LN. WEST CHICAGO, IL 60185

SUBJECT: JMB SYSTEMS CORPORATION

Ref. Number: W94000026079

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

The registered agent designated must be an active Florida corporation or a foreign corporation authorized to transact business in Florida. Please correct the document.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 094A00052164

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. IName of corporation: must include the word "NCORPORATION", "CORPORATION abbreviations of like import in language as will clearly indicate that it is a corporation instead of or partnership if not so contained in the name at present.)	
or partnership if not so contained in the name at present.)	'N" or words or fa natural person
2. III (State or country under the law of which it is incorporated) (FEI number, if applicable)	743
4. $(7-21-94)$ (Date of Incorporation) (Duration: Year corp. will cease to exist or	
6. 9-94 (Doto first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	
7 3N/74 WOOD CREKLN	
LUEST CHICAGO, ELL GOISS (Current mailing address)	EF SAM
8. Comporter SALES AND SERVICE (Purposals) of corporation authorized in home state or country to be carried out in the state of	상 함께
9. Name and street address of Florida registered agent:	n rionga;
Name: JUALINI MAIloy	\leftarrow
Office Address: 50 C(TRUS CT. Palm HARBOR FC., Florida, 34.	(4 0 n
(Zip	<u>6名プ,</u> Code)
10. Registered agent's acceptance:	
Having been named as registered point and to	

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. I 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.

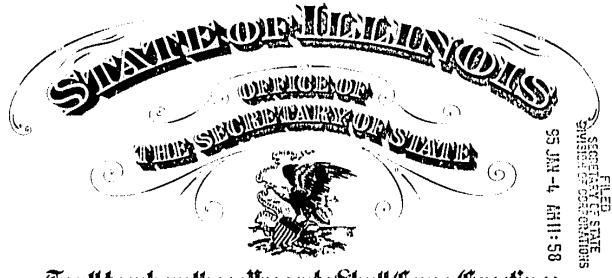
(Registered agent's signature)

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 addresses of officers and/or directors:

A.	DIRECTORS	
	Chairman:	TOHN M FILEGEL
		BN 174 WOOD OPEEK LN
		WEST CHICAGO, ILL GOIRS
	Vice Chairman:	
	Address:	
	Address:	· · · · · · · · · · · · · · · · · · ·
	Director:	
В.	OFFICERS	
	President:	JOHN M BIEGEL
	Address:5	N174 WOODCREEK LN
	<u>(,,/</u>	ESTOHICHO TIL 60185
	Address:	
	Address:	
	 Treasurer:	
	Address:	
	,	
NOTE and/o	E: If necessary, you may a or directors//	ttach an addendum to the application listing additional officers
13.	Chin Bi	
	ignature of Chairman, Vice Chair	man, or any officer listed in number 12 of the application)
1.4		
14.	/Typed or printed name and ca	pacity of parcon signing application)

File Number : 5799-240-9-



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan. Secretary of State of the State of Illinois,

STATE OF STA

- In Testimony Illpereof, I hereto set				
	— y	Pixed the Great Scal of		
the State	of Illinois this	15тн		
day of	DECEMBER	119.19 94		

George H Ryan
SECRETARY OF STATE