F960000000089

ANDRE ENGEL at (847) 234-3609 (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Tax Lien Se Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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. ENGEL CONSULTING, INC
1. LNGEL CONSULTING TNC (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. \(\frac{\tauLUTNO\tauS}{\text{(State or country under the law of which it is incorporated)}}\). \(\frac{36-3800037}{\text{(FEI number, if applicable)}}\)
4. 1-15-92 (Date of Incorporation) 5. Per Per ceu / (Duration: Year corp. will cease to exist or "perpetual")
6. EStructed 7/96 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7. ENGEL CONSULTING, INC.
187 N. RIDGE ROAD, LAKE FOREST, Il, 6004
8. MANAGEMENT CONSULTANT (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) com
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box
Name: R, KETTH ENGEL Office Address: 206 COTTESHORE CIRCLE W. S.
Office Address: 206 COTTESOYORE CIRCLE W- Em
LONGWOOD, Florida, 32779 (Zip Code)
10. Registered agent's acceptance: (Zip Code)
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.

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.

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	TORS (Street address only- P. O. Box NOT acceptable)	
Chairman:	PAMELA T. ENGEL	
Address: _	187 NORIDGE ROAD	
_	LAKE FOREST, ILL 60045	
	nan:	
Address: _		
_		
	HNDRE LI ENGEL	
	187 NO REDGE POAD	
	LAKE FOREST, IL 60045	
Director: _		
Address: _		
	ERS (Street address only- P. O. Box NOT acceptable)	96
President: _	ANDRE L. ENGEL	
Address: _	ANDRE L. ENGEL 187 N. RIDGE ROAD LAKE FOREST, IL. 60045 ent: PAMELA T. ENGEL	<u> </u>
	LAKE TOREST, IL. 60045	3
Vice Preside	ent: YAMELA T, ENGEL	= :
	187 N. RIDGE ROAD	51
	LAKE FOREST, IL 60045	
	ANDRE L. ENGEL	
Address:	See 4bove	
	1.535 /	
_	ANDRE L. ENGEL	<u></u>
Address:	see Above	
		
NOTE: If no officers and/	necessary, you may attach an addendum to the application listing additional for directors.	ય
6.	and Y calim	
(Sign	mature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
\mathcal{P}_{A}	MELA T. ENGEL (Typed or printed name and capacity of person signing application)	
14. <u> </u>	(Typed or printed name and capacity of person signing application)	

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

File Number 5667-625-2



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



In Te	stimony Wh	errof, -	I hereto set
	and cause to be		
the State of	Illinois this		5 TH
day of	JUNE	A.D.,	/9 <u>96</u>

George H Ryan
SECRETARY OF STATE