

SUBJECT: (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", 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:

| John M. Caluwaert                               |                      |   |                               |                     |
|---|----------------------|---|-------------------------------|---------------------|
| (Name of  | Person)              |   | _                             |                     |
| Caluwaert & Panegasser                          |                      | 71 <u>7</u> 171717<br>-08/05/96-<br><u>+++</u> ++70.( | 019128<br>010460<br>00 *****7 | 315 7<br>04<br>0.00 |
| (Firm/Co  | mpany)               |   |                               |                     |
| 579 W. North Avenue(Addr                        |                      |   |                               |                     |
| (Audi)  | C55)                 | ¥.,   | 40                            |                     |
| Elmhurst, IL 60126                              |                      | ECRE  | 30 A                          |                     |
| (City/Sta                                       | (e/Zip)              | TARY<br>ASSE  | 3-5                           | X1815               |
|   |                      | رين<br>بيرنت<br>تيرنت                                 | ë D                           | , •                 |
| Should you need to call someone concerning this | matter, please call: | TATE  | 9:59                          |                     |
| John M. Caluwaert                               | at ( 630 ) 27        | 9-6800  |                               |                     |
| (Name of Person)                                | (Area Code & Day     | one l   | Number)                       |                     |

## **COURIER ADDRESS:**

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

## MAILING ADD

Qualification/Ta Division of Corp P. O. Box 6327 Tallahassee, FL

## 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.                | WINDY CITY DISTRIBUTION, INC.   |
|-------------------|---|
|                   | (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.                | 111 fnota 3. 36-4046372 (State or country under the law of which it is incorporated) (FEI number, if applicable)  |
| 4.                | 10/24/95 (Date of Incorporation)  5. perpetun1 (Duration: Year corp. will cease to exist or "perpetual")  |
| 6.                | pending approval (Date first transacted business in Florida, (SEE SECTIONS 607, 1501, 607, 1502, AND 817, 155, E.S.)  |
| 7.                | 3820 Ohio Ave., Suite 148   |
|                   | St. Charles, IL 60174 (Current mailing address)   |
|                   |   |
| 8.                | Sale of micro brewed beer to wholesaler  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Afrid   |
| ·                 | (Purpose(s) of corporation authorized in home state or country to be carried out in the state of pridity  |
| 9.                | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   |
|                   | Name: Tony Romano   |
|                   | Office Address: 5301 E. Diana St.   |
|                   | Tampa , Florida , 33610 (Zip Code)  |
| 10.               | Registered agent's acceptance: (Zip Code)   |
| cor<br>reg<br>all | ving been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with 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: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Thomas J. Ryan Address: 3820 Olito Ave., Suite 14B, St. Charles, 1L 60174 Vice Chairman: Address: \_\_\_\_\_ Director: Same as above Address: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Thomas J. Ryan President: Address: 3820 Ohio Ave., Suite 14B, St. Charles, IL 60174 Vice President: Address: Secretary: \_\_ Thomas J. Ryan Address: \_\_\_\_3820 Ohio Ave., Suite 14B, St. Charles, IL 60174 Treasurer: Same as above Address: \_\_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Thomas J. Ryan, President (Typed or printed name and capacity of person signing application)

File Number 5856-374-9



## To all to whom these presents Shall Come, Greeting:

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



| In Tre | itimony W     | herrol, I heroto s     | e l |
|--------|---------------|------------------------|-----|
|        |               | uffixed the Great Seal |     |
|        | Illinois this | 1.0001                 |     |
| day of | JUNE          | A.D., 19 _96           |     |

George H Ryan SECRETARY OF STATE