F960000005354

Should you need to call someone concerning this matter, please call:

(Name of Person) Ply Auth + chy # 1 810-15 at (312) 733-5770

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

TO:

Qualification/Tax Lien Section

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

MAILING ADDRESS:

Qualification/Tax Lien Section 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.	(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.)	ı
2.	State or country under the law of which it is incorporated) 3. 36-3781904 (FEI number, if applicable)	
4,	(Date of Incorporation) 5. PEPETUAL (Duration: Year corp. will cease to exist or "perpetual")	,
5,	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)	,
7.	TO W. HALSTED, DUTE INS	ľ
	CHICAGO IL 60622 8 55 F	=
	(Current mailing address)	í
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Foodba)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
	Name: FRED WARREN	
	Office Address: 18786N. E. 18th AVE APT. 227	
	NOOTH MIAMI BEACH, Florida, 33179	
	(Zin Code)	
l0	Registered agent's acceptance:	
Ho cores	(Zip Code)	

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)

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		TUTTINGT			
Address:		**************************************			
Director:					
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B. OFF	CERS (Street add	iress only- P. O. E	lox NOT accept	able)	
President	Jame	s Lone	W13/3		
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Vice Pres					1.4
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Secretary	1041	EZIVA	Ü		Fr. 6
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Treasurer	MILE	Sucur	AN		
Address:					RA C
NOTE: 1 officers as	f necessary, you m d/or directors.	ay attach an adden	dum to the applic	ation listing ac	lditional
13		/ /			

File Humber 5651-048-6



To all to whom these presents Shall Come, Greeting:

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

do hereby certify that L.E.S. STABLE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE AUGUST 26, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS**



my hund and cause to be affixed the Great Seal of the State of Illinois this