| To: Qualification/Tax Lien Section of Corporation Subject: | RANSMITTAL LETTER by Discourse of Corporation - must include suffix) |
|--|--|
| Dear Sir or Madam: | W97-22544 |
| | en Corporation for Authorization to Transact Business in Florida", are submitted to register the above referenced foreign corporation to |
| Please return all correspondence con- | 3000023347138 |
| JUSM | Name of Person) -10/31/3701026005 *****87.50 *****87.50 |
| CHICAGO | DINUNE, INCORPORATED |
| 7250 PAR | (Firm/Company) 135 CARIAGE DRIVE (Address) |
| -Scharge | (City/State/Zip) CAROL STREAM, ILLINOIS |
| Should you need to call someone cor | incerning this matter, please call: (630) 690-3520 |
| TUSTA BROOKS (Name of Person) | at (Area Code & Daytime Telephone Number) |
| • | MAILING ADDRESS: |
| COURIER ADDRESS: | MAILING ADDRESS: |
| Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 2, 1997

JUSTIN BROOKS CHICAGO INLINE, INC. 135 CARRIAGE DR. CAROL STREAM, IL 60188

SUBJECT: CHICAGO INLINE, INC.

Ref. Number: W97000022544

We have received your document for CHICAGO INLINE, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

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 (850) 487-6093.

Letter Number: 597A00048497

Freta Lott Corporate Specialist Supervisor

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE F | OLLOWING IS SUBMITTED TO F STATE OF FLORIDA |
|--|--|
| REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE | Fc 9 |
| 1. CHICAGO INLINE, INCORPORATED | " "COPPORATION" THE |
| (Name of corporation; must include the work "INCORPORATED", "COMPANY words or abbreviations of like import in language as will clearly indicate that it is natural person or partnership if not so contained in the name at present.) | a corporation instead of a |
| 2. (State or country under the law of which it is incorporated) Only 1005 Occupation | FEI number, if applicable) |
| (State or country direct the law of which it is history | TEI mimoci, ii approacio |
| | l cease to exist or "perpetual") |
| 6 OPON QUALIFICATION | 1018185 E.G.) |
| 6. (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607 | .1502 and 817.155, F.S.) |
| 7 NOTO THE TOTAL PORT OF THE PROPERTY OF THE P | - 135 CARRIAGE DRIVE |
| SCHOMPHEG ILLUDOIS 60017 | 3 CAROL STREAM, IL |
| (Current mailing address) | 60188 |
| 8. SERVICE BUSINESS (Purpose(s) of corporation authorized in home state or country to be carried | |
| 9. Name and street address of Florida registered agent: (P.O. Box or Ma | il Drop Box <u>NOT</u> acceptable) |
| Name: FERNANDO PRIRID | |
| Office Address: 4404 LAUSDOWNE CIRCLE | |
| BOYNTON BRACH FL, Florida, | 73437 |
| LXYNION DICHUIS /-L, Florida, | (Zip code) |
| | |
| 10. Registered agent's acceptance: | • |
| Having been named as registered agent and to accept service of process for the ain this application, I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper and complete perfand accept the obligations of my position as registered agent. (Registered agent's signature) | E to act he are capacity. |
| 11 Attached is a certificate of existence duly authenticated, not more than 90 day | s 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: |
| Address: |
| Vice Chairman: |
| Address: |
| Director: |
| Address: |
| |
| Director: |
| Address: |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: JUSTIN BROOKS Address: CAROL STREAM, IL 60188 |
| Vice President: SAME AS ABOVE |
| Address: |
| Secretary: SAME AS ABOUR Address: |
| Treasurer: SpMZ 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) 14. **TUSTN BROOKS** **PRESIDENT** |
| (Typed or printed name and capacity of person signing application) |

File Number 5832-935-5



To all to whom these presents Shall Come, Greeting:

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

do hereby certify that CHICAGO INLINE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MAY 8, 1995, 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*******



| In Testimony Mherrof, I heneto set |
|------------------------------------|
|------------------------------------|

my hand and cause to be affixed the Great Seal of

the State of Illinois this _____

day of SEPTEMBER A.D., 19

George H Ryan SECRETARY OF STATE