# F9800000132

To: Qualification/Tax Lien Section Division of Corporations

SUBJECT: MACKY BLUFFS DEVELOPMENT CORPORATION

(Name of corporation - must include suffix)

Dear Sir or Madam:

000002450230--4 -03/03/98--01031--001 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

RICHARD E. ZULKEY
(Name of Person)

RICHARD E. ZULKEY & ASSOCIATES, CHARTERED
(Firm/Company)

79 W. MONROE STREET, SUITE 1305
(Address)

CHICAGO, IL. 60603
(City/State/Zip)

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

RICHARD E. ZULKEY MATTHEW STEVENS

(312) 372-5541 at (773) 728-4777

(Name of Person)

(Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section 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

#### M. STEVENS ASSOCIATES, INC.

DEVELOPERS - GENERAL CONTRACTORS
4878 NORTH MAGNOLIA AVENUE
CHICAGO, ILLINOIS 60640
TELEPHONE (35,23)728-4777

March 5, 1998

ON HAR -9 PH 2: 24

Florida Department of State Qualification/Tax Lein Section Division of Corporations 409 E. Gaines St. Tallahassee, Fl. 32399

RE: Foreign Profit Corporation Registration

Dear Sir or Madam:

Enclosed is the Application by Foreign Corporation for authorization to transact business in Florida and a check for \$78.75 to cover the cost of registration and for a Certificate of Status.

Thank you for your help in this matter.

Sincerely.

Matthew Stevens

### 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. MACKY	BLUFFS DEVELOPMENT CORPORATION
(Name of co	rporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
natural perso	previations of like import in language as will clearly indicate that it is a corporation instead of a on or partnership if not so contained in the name at present.)
	OF ILLINOIS 3.
(State or com	ntry under the law of which it is incorporated) (FEI number, if applicable)
·	2-10-98 5. PERPETUAL
	Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	SINESS TRANSACTED AS OF THIS DATE  irst transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
	* Owl
7. <u>4878 E</u>	N. MAGNOLIA
CHICAC	GO, IL. 60640
<b></b>	(Current mailing address)
REAL E	, SELL, LEASE, MORTGAGE, DEVELOP, MANAGE, OR OTHERWISE BEALEIN ESTATE IN ANY LOCATION OR JURISDICTION; TO DO ALL THINGS PERMITTED
	CHONTAID BY THE BUSINESS CORPORATION ACT OF TITINGTO
	se(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and s	treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	MARGARET R. BAROCO
Office Address:	30 MARSHAL LANE
	PENSACOLA , Florida, 32505
	(Zip code)
10. Registered	agent's acceptance:
Having been nan	ned as registered agent and to accept service of process for the above stated corporation at the place designated
comply must the	n, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
and accept the ol	rugutions of my position as registerea agent.
	Margaret R. Baroco
	Margaret R. Buroco (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)

Chairma	m; THOMAS J. STEVENS					
Address:	4878 N. MAGNOLIA					
	CHICAGO, IL. 60640					
Vice Cha	airman: MATTHEW S. STEVENS					
Address:	4878 N. MAGNOLIA					
	CHICAGO, IL. 60640					
Director:	KENNETH R. STEVENS					
Address:	4878 N. MAGNOLIA					
	CHICAGO, IL. 60640					
Director:	EDNA M. HOWARD					
Address:	4878 N. MAGNOLIA					
	CHICAGO, IL. 60640					
B. OFFI	ICERS (Street address only - P.O. Box NOT acceptable)	88 <del>V</del> 88				
President:	THOMAS J. STEVENS	SIGNE MAR				
Address:	4878 N. MAGNOLIA	FILE SARY CO				
	CHICAGO, IL. 60640	NOTE OF STATES				
Vice Presi	dent: MATTHEW S. STEVENS	ATE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NO				
Address:	4878 N. MAGNOLIA	<u>5</u> ,				
-	CHICAGO, IL. 60640					
Secretary:	EDNA M. HOWARD					
Address: _	4878 N. MAGNOLIA					
<u></u>	CHICAGO, IL. 60640					
Treasurer:	EDNA M. HOWARD					
Address: _	4878 N. MAGNOLIA					
	CHICAGO,IL. 60640					
NOTE: If necessary fou may attach an addendum to the application listing additional officers and/or directors.						
13,	Mallin X/ XIII					
<del></del>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)					
14	MATTHEW S. STEVENS VICE CHAIRMAN					
	(Typed or printed name and capacity of person signing application)					

## File Humber\_ 5980-100-7



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



In Tes	timony W	hereol	J.	hereto	set
my hand a	rd cause to be	affixed	the G	reat Sea	d of
the State of	Illinois this	· . · · . · . · . · . · . · . · . · . ·		19TH	· · ·
day of	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		D., 15	98	

George H Ryan SECRETARY OF STATE