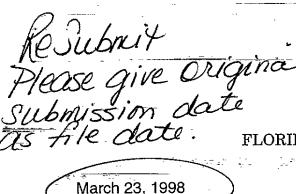
98000002113

FILING COVER SHEET

REFERENCE:	0152.1960
DATE:	3-20-98
CONTACT:	CINDY HICKS
FROM:	CORPORATE & CRIMINAL RESEARCH SERVICES
	103 N. MERIDIAN STREET
	TALLAHASSEE, FL 32301 100002464541-7 -03/23/98-01006-007
TELEPHONE:	<u>*****131.25</u> *****131.25
SUBJECT:	Michaels Design, Inc. w98-6345
PLEASE FILE:	TH CHECK # /3/. 25 FOR \$ 6/0/ \$ 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
() QUALIFICATION	() LIMITED PARTNERSHIP () ANNUAL REPORT
() FICTITIOUS NAME	() LIMITED LIABILITY () REINSTATEMENT
() UCC-1	() UCC-3
PROVIDE US WITH:	OF THE PARTY OF TH
CERTIFIED COPY	CERTIFICATE OF STATUS () STAMPED COPY
	Name conflict MO8.114
Examiner's Initials	M08.114



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: MICHAELS DESIGN INC Ref. Number: W98000006345

We have received your document for MICHAELS DESIGN INC and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 098A00015356

INHS19(3/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
98 MAR 23 PM 1: 16

I, the undersigned <u>SANDRA L. MICHAELS</u> , do hereby certify that this Resolution of the Board of Directors of <u>MICHAELS DESIGN, INC</u>
a corporation duly organized and existing under the laws of the State of <u>ILLINOIS</u> , was duly adopted on <u>APRIL 3</u> , 19 <u>98</u> .
Resolved, that MICHMECS DESIGN INC., organized and existing in the State of ILLINOIS, hereby adopts the name MICHAELS DESIGN & CONSULTING, INC., for use in Florida.
Dated: 4.3.98 Signature of at least one director

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. MICHAELS DESIGN 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. <u>FUUNOIS</u> (State or country under the law of which it is incorporated) 3. <u>36-3692357</u> (FEI number, if applicable)
4. JAN. 23, 1990 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6 MARCH 16, 1998
6. MARCH 16, 1998 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 10163 SW 52 of ST.
(Current mailing address)
8. CPAPHIC DESIGN CONSULTING (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
in the second
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: JOSH BENNETT/BENNETT + DAVIS
Office Address: NATIONS BANK TOWER/100 SE and St., STE. 2600
MIAMI 5, Florida, 33/3/ (Zip code)
10. Registered agent's acceptance:
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. (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: SANDRA L. MICHAELS	
Address: 10163 SW 52 nl ST.	
COOPER CITY FL. 33358	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
Addiess.	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	_ 0
President:	SECRE DIVISION 98 MAR
Address:	AR 2 SK
	3 PA
Vice President:	
Address:	ਰ ਤੂੰਜ
Autross.	
Sa-ratory.	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	
13. Sanda I Michaels (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	n)
• •	
14. SANDRA L. MICHAELS, PRINCIPAL (Typed or printed name and capacity of person signing application)	

File Number 5581-406-6



To all to whom these presents Shall Come, Greeting:

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



In Testimony Whereof,	Ī	hereto	set
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day of FEBRUARY A.D., 19 98

George H Ryan SECRETARY OF STATE