# THE UNITED STATES

ACCOUNT NO. : 072100000032

REFERENCE

035712

AUTHORIZATION

COST LIMIT

\$ 78.75

ORDER DATE: November 18, 1998

ORDER TIME : 10:30 AM

ORDER NO. : 035712-005

100002693011--4

CUSTOMER NO: 4327828

Corporation

CUSTOMER: Ms. Debbie Lund

> Alley Maass Rogers & Lindsay, 321 Royal Poinciana Pl., South

Palm Beach, FL 33480-0431

#### FOREIGN FILINGS

NAME:

RECON MANAGEMENT SERVICES,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

### TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT: Recon Management Services, Inc.	
(Name of corporation)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Florida", "Certificate of Existence", and check are submitted to register the above foreign corporation to transact business in Florida.	Business in referenced
Please return all correspondence concerning this matter to the following:	<b>—</b>
Michael B. Arrington (Name of Person)	SECRET SECRET 98 NOV
Recon Management Services, Inc. (Firm/Company)	FIL ETARY 1 OF S
55 W. Monroe St. Suite 3800 (Address)	PH 3:
Chicago, IL 60603 (City, State and Zip Code)	ES :
Should you need to call someone concerning this matter, please call:  Michael B. Arrington at (312) 357 - 8701  (Name of Person) Area Code & Dayome Telephone Number	

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Registration Sec. 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:

	Purpose(s) of corporation aud Name and street addres Name: Office Address:	ss of Florida reg	istered agen	t:		-
	Vame and street addres	ss of Florida reg	istered agen	t:		-
						1 .5 \$
	Purpose(s) of corporation and	TO THE SEE	Coamby work			
{}	The same of the sa	norized in home star	e of country to be	e carried out in the s	state of Floridal	<del>-5</del> 77
8	Yacht sales & Chart	er			C 17	SHQLLVRE SLVLS
	(¢uri	ent mailing address)	ł		PH 3:	- 544 - 54
	Chicago, IL 60603		<u> </u>			3.4 3.4
	55 West Monroe St.	Durce 3800	<del></del>		98 NOV 20	S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-
7.	55 West Monroe St	Swife 3800	ns 607.1501, 607	.1502, and 817.155,	F.S.)	92
Č. (Ďa	November 13, are first transacted business in	Florida, (See section	05 507 1501 507	7 1500 0x7 455	98	OIVIS
5	Marramba 12	4 6 6 6				ر و ۲
<b>~</b> . ,—	November 6, 1998 (Date of Incorporation)	5,	perpetua	1		· · · · · · · · · · · · · · · · · · ·
4	'Norrombass C 4000		160) [ LÉI	number, if applicable	ie)	
Z. ISta	Tllinois are or country under the law of	which it is ignorate	3	,		
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·,	partnership if not so contained	in the name at pres	ent.)	e corporation inste.	a or a natural p	serson
. abi	Recon Management ame of corporation: must include the parties of like import in lar partnership if not so contained	ige the word JNCOE	RPORATED CO	MPANY CORPOR	ATION OF WORDS	s or

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.

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:

A. DIRE	CTORS
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	Chairman:	
-	Address:	
	Vice Chairn	nan:
	Address:	
	<del>-</del> -	
	Address:	
	Address:	
OFFIC	 CERS	
	President:	Michael B. Arrington
	President:	Michael B. Arrington 55 W. Monroe St. Suite 3800
	Address:	55 W. Monroe St. Suite 3800 Chicago, IL 60603
	Address:	55 W. Monroe St. Suite 3800  Chicago, TL 60603
	Address: Vice Preside Address:	55 W. Monroe St. Suite 3800  Chicago, TL 60603  nt:
	Address: Vice Preside Address: Secretary:	55 W. Monroe St. Suite 3800  Chicago, IL 60603  nt:  Kelly Kuhn
	Address: Vice Preside Address:	55 W. Monroe St. Suite 3800  Chicago, II, 60603  nt:  Kelly Kuhn  55 W. Monroe St., Suite 3800
	Address: Vice Preside Address: Secretary:	55 W. Monroe St. Suite 3800 Chicago, IL 60603  Kelly Kuhn 55 W. Monroe St., Suite 3800 Chicago, IL 60603

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. \(\)

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael B. Arrington

President

#### File Number 6020-180-3



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

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



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