# F9900000/03

Division of Corporations	_
SUBJECT: KCA FINANCIAL Services, INCORPORATED	
(Name of corporation - must include suffix)	)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transa "Certificate of Existence", and check are submitted to register the above referentransact business in Florida.	act Business in Florida", acced foreign corporation to
Please return all correspondence concerning this matter to the following:	DODOOREDO. ~
DAVID Z. Wiprick	-02/04/9901084001 -******78.75 *****78.75
(Name of Person)	
KCA Financial Services, INC.	
(Firm/Company)	
628 North Street	· <u>-</u>
628 North Street (Address)  - Genera IL. 60134	<u> </u>
beneval L. 60134	
(City/State/Zip)	W99-251
Should you need to call someone concerning this matter, please call:	
DAVIO E. Wio Rick at (630) 232-2545  (Name of Person) (Area Code & Davime Teleph	
(Name of Person) (Area Code & Daytime Teleph	ione Number)
	99 F
STREET ADDRESS: MAILING ADDRESS	EB 26
Qualification/Tax Lien Section Qualification/Tax Lien	Section = E
Division of Corporations  Division of Corporation	ns — 55 =
Tallahassee, FL 32399  P.O. Box 6327  Tallahassee, FL 32314	SA 51 1 W
Enclosed is a check for the following amount:	A role
☐ \$70.00 Filing Fee	S87.50 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 4, 1999

DAVID E. WIDRICK 628 NORTH STREET GENEVA, IL 60134

SUBJECT: KCA FINANCIAL SERVICES, INCORPORATED

Ref. Number: W99000002917

We have received your document for KCA FINANCIAL SERVICES, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 999A00005674

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

IN COMPLIANC REGISTER A FO	EE WITH SECTION 607.13 DREIGN CORPORATION	503, FLORIDA ST TO TRANSACT E	TATUTES, THE BUSINESS IN T	E FOLLOWING THE STATE OF	IS <u>S</u> UBMITTI FLORIDA.	ED TO	
. KAA	Financial Services	. Incorpora	ted				
words or abbrev	pration; must include the wor viations of like import in lan or partnership if not so conta	rd "INCORPORAT guage as will clear	ED", "COMPAlly indicate that it	NY", "CORPORA t is a corporation	ATION" or instead of a		س
2. Illino	is		3.				_
(State or country	y under the law of which it is	s incorporated)	Λ ,	(FEI number, if	applicable)		
4. October	25, 1990	5	Perpetu				
_ `	ite of incorporation)	(D	uration: Year co	rp. will cease to	exist or "perpet	ual")	
6. <u>Pending</u>	Approval of License			····			
(Date firs	st transacted business in Flor	ida.) (SEE SECTIO	NS 607.1501, 6	07.1502 and 817.	155, F.S.)		
7. <u>628</u>	North Street			<u> </u>			
beneu	1a IL 6013	4	<u>-</u>				
	(0	Current mailing add	ress)				
	tion of Consumer			-		· 	
(Purpose	e(s) of corporation authorized	l in home state or c	ountry to be car	ried out in state of	f Florida)		
9. Name and str	reet address of Florida re	egistered agent:	(P.O. Box or M	fail Drop Box N	OT acceptabl	e)	
Name:	CT Corporat	10N Syct	em I Pard		SECRE ALLAH	-	<u> </u>
Office Address:	CT Corporat 1200 South Plantation	11ne 7319	, Florida,	33324	ASSEC FLOO		
	agent's acceptance:			(Zip code)	II: 57 STATE LORIDA		and the second s
in this application comply with the p	ned as registered agent and to, I hereby accept the appoint or ovisions of all statutes relations of my position as the control of the contro	ntment as registere tive to the proper o	d agent and agra and complete pe	ee to act in this c rformance of my	apacity. I furti	ner agree i	to
	`		•		_		

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.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:	<del></del>
Address:	
Vice Chairman:	_
Address:	
Director:	<u>-</u> .
Director:	
address:	
virector:	
ddress:	
OFFICEDS (St., A. V.)	99 F
OFFICERS (Street address only - P.O. Box NOT acceptable)	ARE B
esident: Davio E. Wiorick	
Idress: < 18 Delwor Avenue	
idress: 218 Delwor Avenue  St. Charles IL 60174	: 57
ce President:	
dress:	.*
cretary: Terri L. Kelly	-
dress: 9N 852 Bowes Beno Drive	
Elgin II 60123	= -
asurer:	<u>-</u>
	<u> </u>
dress:	
TE: If necessary, you may attach an addendum to the application listing additiona	l officers and/or directors
_ De la company	
(Signature of Chairman, Vice Chairman, or any officer listed in numb	er 12 of the application)
DAUNO E. WIORICK, President	·



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

I, Jesse White, Secretary of State of the State of Illinois, do

### In Testimony Whereof, I, hereto set



my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_ 1st day of \_\_\_\_\_ A.D. \_\_\_\_\_ 1999

Desse White

SECRETARY OF STATE