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Dear Sir or Mada			•		
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Please return all c	orrespondence c	oncerning this mat	tter to the following:	8000027 -03/04/: *****8	990109400
	4	PRESTON (Name	STACY		1100 - 499494901
	*	(Name	of Person)		
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Should you need:	to call someone	concerning this ma	atter, please call:		OF STATE
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PRESTON	STACU	at (94	11 , 541-2	548	ùš •
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Qualification/Tax	Lien Section		Qualification/Tax	Lien Section	
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409 E. Gaines St. Tallahassee, FL 3	12399		P.O. Box 6327 Tallahassee, FL 3	2314	
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Enclosed is a chec	k for the follow	ing amount:			

## 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. ORLAND PARK LANDSCAPE DESIGN INCORPORATED (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. TLL/NOIS
(State or country under the law of which it is incorporated)

3. 36-4/44836
(FEI number, if applicable) 4. MARCH 28 1997 5. PERPETUAL

(Date of incorporation) 5. Duration: Year corp. will cease to exist or "perpetual") 6. Upon QUALIFICATION

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. HARVEY PRESTON STACY-ORLAND PK LANDSCAPE DESIGNING,
4923 VINCENNES CT UNIT 10 CAPE CORAL FL 33904
(Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: HARVEY PRESTON STACY Office Address: 4923 VINCENNES CT UNITIO

CAPE CORAL , Florida, 33904
(Zin 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. Harvey Preston Stace
(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.

DIRECTORS (St	reet add	ress only -	P.O. Box N	IOT accept	able)				,	
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Address:							. **-		_	<u> </u>
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4. HARUG	_		•	<u>57</u>			_	side		

File Number \_\_\_\_\_\_5933-170-1\_\_\_



## 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 \_\_\_\_\_\_ 25TH day of \_\_\_\_\_ FEBRUARY A.D. \_\_\_\_\_ 1999 . .

Desse White

SECRETARY OF STATE