# To: Qualification/Tax Lien Section Division of Corporations A PANSMIDIO 34 94

SUBJECT: ZEST OF	THE WEST, LTD. (Name of co	orporation - must include suffix)	on the second of	
Dear Sir or Madam:				
The enclosed "Application and check are submitted to	by Foreign Corporation for A register the above referenced	authorization to Transact Busines foreign corporation to transact b	s in Florida", "Certificat ousiness in Florida.	e of Existence",
Please return all correspor	dence concerning this matter		40000289 -06/08/99 ******70.	I01080001
· -	JEFFERY L. MOWER	Y (Name of Person)	The state of the s	
	MOWERY & SCHOENF	ELD, LLC. (Firm/Company)	লতভাগ নেতিক চেক্ট <b>া</b> পিচা ট	in the property of the second
	THREE HAWTHORN P	ARKWAY SUITE 150 (Address)	<del>ार स्थाप कुट्टू । १ र पुर्वे १८</del> ० । १	usii গণ সংগ্ৰহীৰ
	VERNON HILLS, IL	(City/State/Zip)	्रेड महाहा <mark>रक्ष १५ अस्ट मा</mark> भीती १५६ <b>४</b>	选。)。 (ATTA Free NEW
Should you need to call so	omeone concerning this matter	r, please call:		
JEFFERY L. MOW	ERY a	t <u>(847) 247-8959</u> (Area Code & Daytime Te	lephone Number)	99
STREET ADDRESS:	,	MAILING ADI	DRESS:	FILED UL-8 AM
Qualification/Tax Lien So Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	ection	Qualification/Tax Division of Corp P.O. Box 6327 Tallahassee, FL	oorations Pr	7: 46
Enclosed is a check for the	ne following amount:			
X \$70.00 Filing Fee	\$78.75 Filing Fee & . Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fe Certificate of St Certified Copy	
	, . A	(a 1) (v)		

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 15, 1999

JEFFERY L. MOWERY MOWERY & SCHOENFELD LLC THREE HAWTHORN PARKWAY SUITE 150 VERNON HILLS, IL 60061

SUBJECT: ZEST OF THE WEST, LTD.

Ref. Number: W99000013885

We have received your document for ZEST OF THE WEST, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

A photocopy of the certificate of existence is not acceptable.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 499A00032073

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### 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. ZEST C	F THE WEST, LTD, INC.		-17	THE PARTY OF THE P	THE STREET	BELT GOTELS
(Name of c	orporation; must include the word "INC	ORPORATED", "COMPA	NY", "CORPORA	TION" or words o	r	
appreviation	ns of like import in language as will clear if not so contained in the name at prese	arly indicate that it is a cor	poration instead of	a natural person o	r	
parmersmp	in not so contained in the name at prese	ent.)				
2. ILLINO	IS Still	3.	36-	_4236285		
(State or	country under the law of which it is inc	corporated)	(FEI nun	nber, if applicable)	)	
4.	06/19/1998 (Date of incorporation)		PERP	ETUAL	e deleta.	to the second
	(Date of incorporation)	(Duratio	on: Year corp. will o	cease to exist or "p	erpetual")	
6.		01/01/1999				
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florid	la.) (SEE SECTIONS 607.	1501, 607.1502 and	1817.155, F.S.)	The state of the s	
7 16640	DEERPATH LANE					
7. 10040	DEERFAIN LANG		E I S L TELEFORM SEE SEE SEE		7777 11 12 12 12 12 12 12 12 12 12 12 12 12	<u>ः भ्यत</u> ्याः <del>हत्</del>
LOXAHA	TCHEE, FLORIDA 33470		י או די או או או איני איני איני איני איני איני	#####################################	- : - : : : : : : : : : : : : : : : : :	
•	(0	Current mailing address)				<u></u>
8. RETAIL	SALES					
- 1 - 1	(Purpose(s) of corporation authorized	in home state or country to	be carried out in st	ate of Florida) vo	migramy received the second	
O. Nama and						
9. Name and	street address of Florida registered ag	ent: (P.O. Box or Mail Dr	op Box <u>NOT</u> accep	table) 圣点 厚	<del></del>	**
Name:	MICHELLE MASSO		. १८ - १८८ मा <b>भूजसुरका</b> स स्टूजसुरका स्टूजस		=	
Office Address:	16640 DEERPATH LANE				<u>m</u>	
			on mittigen der di ser disk (e.		<u> </u>	
	LOXAHATCHEE		33470			
			(Zip code)	)A A		
10. Registered	agent's acceptance:					
Havina haan na	mad as registered agent and to accept a	amilaa af waa aaaa faa ah aa	Z	,		
n this application	med as registered agent and to accept s on, I hereby accept the appointment as	registered agent and agree	e to act in this capa	city. I further agr	ee to	
comply with the	provisions of all statutes relative to the	proper and complete perfe	ormance of my dut	ies, and I am fam	iliar with	
ina accept the o	bligations of my position as registered	agent.				
	//	WMMO	,		_	
	(Reg	gistered 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)
MICHELLE MASSO 16640 DEERPATH LANE LOXAHATCHEE, FL 33470
TODD MINIKUS 16640 DEERPATH LANE LOXAHATCHEE, FL 33470

A. DIRE	CTORS (Street address only - P.O. Box NOT acceptable)
Chairman	MICHELLE MASSO
Address:	16640 DEERPATH LANE
٠	LOXAHATCHEE, FL 33470
Vice Chair	man: TODD MINIKUS
	16640 DEERPATH LANE
	LOXAHATHCHEE, FL 33470
Director:	TODD MINIKUS
Address:	16640 DEERPATH LANE
् ः इत्य	LOXAHATCHEE, FL 33470
Director:	MICHELLE MASSO
Address:	16640 DEERPATH LANE
	LOXAHATCHEE, FL 33470
Ė. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)
President:	MICHELLE MASSO
Address:	16640 DEERPATH LANE
	LOXAHATCHEE, FL 33470
Vice Presid	lent: TODD MINIKUS
Address:	16640 DEERPATH LANE
	LOXAHATCHEE, FL 33470
Secretary:	MICHELLE MASSO
Address:	16640 DEERPATH LANE
•	LOXAHATCHEE, FL 33470
Treasurer:	TODD MINIKUS
Address:	16640 DEERPATH LANE
	LOXAHATCHEE, FL 33470
<b>NOTE:</b> If 1	necessary, you may attach an addendum to the application listing additional officers and/or directors.
· · · · · ·	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	(Typed or printed name and capacity of person signing application)
	· · · · · · · · · · · · · · · · · · ·



#### 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

TATE COLUMN TO THE PART OF THE

my hand an	d cause to be	affixed the	Great Seal of
the State of	Illinois, this		7 <b>TH</b>
day of	MAY	A.D	1999

Desse White