# F19000003644

Division of C	Corporations	) II			
SUBJECT:		ACHCO, IN	c.		
			ration - must include suf	fix)	<u> </u>
Dear Sir or Madam:					
The enclosed "Applic "Certificate of Existe to transact business in	nce", and check	Corporation are submitted	for Authorization to Tra	ansact Business in Flor ferenced foreign corpor	ida", ration
Please return all corre	espondence conc	erning this m	atter to the following:	900002902	21 70 <u> </u>
	B	aron D. Ha		-06/11/99(	01067003
		(Nam	e of Person)	*****70.00	*****70.00
	Fa	vil <u>Da</u> vid	Berns & Associates	3	
		(Firm	/Company)		
<del></del>	30	East Nort	:h Avenue		
			(ddress)		
	No	rthlake, 1	L 60164	TALL SEC	3
		(City	/State/Zip)		20 = = Ti
Should you need to ca	<u>n</u>	erning this m at ( <u>708</u>		ART OF STATE SSEE, FLORID	
(Name of Per	son)	(Ar	ea Code & Daytime Tele		
	W	99-143	363		
TREET ADDRESS	•	1 1	MAILING ADDR	ESS:	
Qualification/Tax Lier Division of Corporation 09 E. Gaines St. Callahassee, FL 32399	ons		Qualification/Tax L Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ations	
nclosed is a check for	r the following a	mount:			
\$70.00 Filing Fee	Certificate	ing Fee & e of Status	□ \$78.75 Filing Fee & Certified Copy	Certificate of	Status &
				4L1	15-99



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 1999

BARON D. HARMON FAVIL DAVID BERNS & ASSOCIATES 30 EAST NORTH AVENUE NORTHLAKE, IL 60164

SUBJECT: KACHCO, INC. Ref. Number: W99000014363

We have received your document for KACHCO, INC. 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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: 099A00032940

59 JUL 15 AM IO: 33

### 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.

(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  June 7, 1999  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7.  5530 Independence Court, Unit 4, Punta Gorda, FL 33982  (Current mailing address)  8. To engage in the wholesale of food products.  (Purpose(s) of corporation authorized in home state or country to be canied out in state of Florida.)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, , Florida, 33982  (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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply	1.		KACHCO, INC.			
natural person or partnership if not so contained in the name at present.)  2		(Name of corpora	ation; must include the word "INCORPORATED",	"COMPANY", "CORPORATION"	or ·	-
2 Illinois (State or country under the law of which it is incorporated) (FEI number, if applicable)  4 12/29/98 5 Perpetual (Dute of incorporation) (Dute of incorporation) (Dute first transacted business in Florida) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7.  5530 Independence Court, Unit 4, Funta Gorda, FL 33982 (Current mailing address)  8. To engage in the wholesale of food products. (Purpose(s) of corporation authorized in home state or country to be camied out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, Florida, 33982 (Zip code)  10. Registered agent's accept tance:  **Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this capacity. I further agree to comply		words or abbrevi	ations of like import in language as will clearly indi	cate that it is a corporation instead of int )	ora.	
(State or country under the law of which it is incorporated)  4. 12/29/98  (Date of incorporation)  (Duration: Year corp. will cease to existor "perpetual")  6. June 7, 1999  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7		reacutat person or	parties sup it for so contained in the name of pro-			
(State or country under the law of which it is incorporated)  4. 12/29/98  (Date of incorporation)  (Duration: Year corp. will cease to existor "perpetual")  6. June 7, 1999  (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7	_	Tilinois	3	36-4267112		
12/29/98   5.   Perpetual				(FEI number, if applicab	ole)	<del></del>
(Current mailing address)  8. To engage in the wholesale of food products.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, Florida, 33982  (Zip code)  Thereby accept the appointment as registered agent and to accept service of process for the above stated corporation at the place designated in this amplication. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply				r., a 1		
(Current mailing address)  8. To engage in the wholesale of food products.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, Florida, 33982  (Zip code)  Thereby accept the appointment as registered agent and to accept service of process for the above stated corporation at the place designated in this amplication. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	4.		enfincementation) (Duration	Year corp. will cease to exist or "	perpetual")	<del></del>
(Date first transacted business in Florida) (SFE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7		7 7 10	•			
Solution   Solution	б.	Onte first	transacted business in Florida ) (SEE SECTIONS 6	07.1501.607.1502 and 817.155, E.	S.)	<del>-</del> , . <u></u>
(Current mailing address)  8. To engage in the wholesale of food products.  (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: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, , Florida, 33982  (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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply		(Lette trist		07.1301, 00.1302 and 017.120, 1	,	
(Current mailing address)  8. To engage in the wholesale of food products.  (Purpose(s) of corporation authorized in home state or country to be canied out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, , Florida, 33982  (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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	7.			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>
(Current mailing address)  8. To engage in the wholesale of food products.  (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: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, , Florida, 33982  (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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply		5530 Ind	lependence Court, Unit 4, Punta Gor	da, FL 33982		<del></del>
(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: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, , Florida, 33982  (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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply						
(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: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, , Florida, 33982  (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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply						
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, Florida, 33982  (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	8.					
Name: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, Florida, 33982  (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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply		(Purpose(s	s) of corporation authorized in home state or country	y to be carried out in state of Florida	a) ≂∽ ഗ	
Name: Katherine Kachigian  Office Address: 5530 Independence Court, Unit 4  Punta Gorda, , Florida, 33982  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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	_	Name and stre	and address of Florida registered egents (P.C.	Nov or Mail Dron Roy NOT a	ccentable)	
Office Address: 5530 Independence Court, Unit 4  Punta Gorda, ,Florida, 33982  (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	9.	Name and str	eet audress of Piorida registered agent. (1.0	, Box of Man Brop Box Mor	三二二二	*T-1
Punta Gorda, , Florida, 33982  (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		Name:	Katherine Kachigian		- SS = 15	. ===
Punta Gorda, , Florida, 33982  (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						1
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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	0	ffice Address:	5530 Independence Court, Unit 4	<del>-</del>		. 🗖
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 amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply			Punta Gorda,	_, Florida,		
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply				(Zip code)	<u>Σ</u> ω	,
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this amplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply						
this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	1 (	). Registered a	gent's acceptance:			
this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	Z.	Inina hoon name	od as registered agent and to accept service of proc	ess for the above stated corporation	n at the place de	signated ir
at I am frailion with and account to a farmance of any decision and I am frailion with and account	ŧΙ	is application I	hereby accept the appointment as registered agent	and agree to act in this capacity. I	further agree to	o comply
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept	u	ith the provisions	s of all statutes relative to the proper and complete	performance of my duties, and I a	m familiar with	and accept
the obligations of my position as registered agent.	tI	ne obligations of r		•	•	
Hathern Kachegran			Hathern Lachegea	· K		
(Registered agent's signature)			(Registered agent's signa	ture)		

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.

<sup>12.</sup> Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

	TORS (Street address only - P.O. Box NOT acceptable)				
Chainman: _	Katherine Kachigian			·	
Address:	5530 Independence Court, Unit 4	<u>.</u> .		· · · · · · · ·	<del>,'-= -"</del>
	Punta Gorda, FL 33982				
Vice Chairn	nan:		<u>.</u>		
					<del></del>
Director: _	Katherine Kachigian				
Address:	5530 Independence Court, Unit 4		<u>.</u>		
	Punta Gorda, FL 33982			***	
Director:		· · · · ·		<del></del>	<del></del>
		· · · ·			··
			<u> </u>		<del></del>
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)				
President:	Katherine Kachigian				
Address: _	5530 Independence Court, Unit 4	<del>- 10</del>	٥	_	<del></del>
_	Punta Gorda, FL 33982		7 66	<del></del>	
Vice Presid	lent:	E I	<u>ਲ</u>	71	
		M.	). T	m	
			<u>.</u>		
-	Katherine Kachigian	ADA	33	_	_
·	5530 Independence Court, Unit 4				
Address: _	Punta Gorda, FL 33982		ъ ·		
_	Katherine Kachigian				
Treasurer:					
Address: _	5530 Independence Court, Unit 4				
-	Punta Gorda, FL 33982				
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.			
13	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applications of the specific o	ation)		<del></del>	<u></u>
	Katherine Kachigian, President/Secretary/Treasurer	,			
14	(Typed or printed name and capacity of person signing application)				24

File Number \_\_\_\_\_6027-208-5



#### 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 \_\_\_\_\_\_ A.D. \_\_\_\_\_\_\_.

Desse White

SECRETARY OF STATE