# To: Qualification/Tax Lien Section Division of Corporations To Qualification Division of Corporations

SUBJECT: Ea	agle Publishing, Inc.		
	(Name of corporati	ion - must include suffix)	· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:			
	ication by Foreign Corporation for ence", and check are submitted to in Florida.		
Please return all corr	respondence concerning this matte	er to the following:	
	Lyndell Parks, Ge	neral Manager	
	(Name o	of Person)	<del></del>
	Eagle Publishing,	Inc.	
•	(Firm/C	ompany)	
	P.O. Box 2037	÷ .	- W99-18932
		dress)	
	Springfield, Illi	nois 62705-2037	· · · · · · · · · · · · · · · · · · ·
	(City/Si	tate/Zip)	
Should you need to c	call someone concerning this matt		10029570207 -08/11/3901061008 *****87.50 *****87.50
Lynde]	ll Parks at ( 217	528-0805	
(Name of Po	erson) (Area	Code & Daytime Telephone	Number)
STREET ADDRES	S:	MAILING ADDRESS:	99 SEP I
Qualification/Tax Li Division of Corporat 409 E. Gaines St. Tallahassee, FL 323	tions	Qualification/Tax Lien Se Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	P L M SECNETARY OF ALLAHASSEE F
Enclosed is a check t	for the following amount:		9: 43 STATE LORIDA
□ \$70.00 Filing Fee	e	□ \$78.75 Filing Fee & Ŋ Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



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

August 16, 1999

LYNDELL PARKS, GENERAL MANAGER EAGLE PUBLISHING, INC. PO BOX 2037 SPRINGFIELD, IL 62705-2037

SUBJECT: EAGLE PUBLISHING, INC.

Ref. Number: W99000018932

We have received your document for EAGLE PUBLISHING, INC. and your check(s) totaling \$87.50. 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.)

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Because you must adopt a name, you may not wish to file the fictitious name you submitted. Of course, you are welcome to do so if you wish. Please be sure to include a corporate suffix in any name you wish to adopt. You might want to call the number below to check any name you wish to adopt.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 599A00041211

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

	•				•
I, the undersigned	a Horne	stein	, do hereb	y certify	
I, the undersigned	(Name		•		
· · · · · · · · · · · · · · · · · · ·	and of Directors of			<del></del>	
that this Resolution of the Boa					-
Eagl	e Publishi	ng Inc.	7		-
•	` -	•	11' 2' C	,	
a corporation duly organized :	and existing under the	laws of the State of _	I//1001_5	<u>*</u> ,	
•	9-1	<u> </u>	,1	9 <u>99</u> .	
was duly adopted on			• • • • • • • • • • • • • • • • • • • •	•	
Be it resolved, that Fag.	le Publis	(Corporate Name)		,	
organized and existing in the	State of III	nois	, hereby adopts t	the name	
Organized and oxisming as and	1 0 2 1	· , (	<b>₹</b>	11	•
Florida E	agle Publis	shing In	for use:	ALCONO.	
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<b>'</b>	•	<u> - · · · · · · · · · · · · · · · · · · </u>		是二	
Dated: 9-1-99	<del></del>	- 1		HIGH B	
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. 1	(Januar) 81	en stein	ノ	TE TE	r
Ø /\Si	gnature of either Chairma	n, Vice Chairman or any o	fficer	_	
	·			_	
De	na Hori	nstein			٠.
<u> </u>	Type o	r print name		-	

INHS19(4/96)

#### APPLICATION BY FOREIĠN 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. Eagle Publishing Incorporated 1. (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.) Tllinois 3, 37-1378041
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) P.O. Box 2037 Springfield, Illinois 62705 (Current mailing address) Publishing of informational directories and selling of advertising in such. (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) JoAnn Parks Name: 23267 Safari Avenue Office Address: Porte Charlotte 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.

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)

Chairman:	Dona Hornstein
ddress:	3241 South Douglas, C-12 Springfield, IL 62704
ice Chairman:	Marvin Hornstein
	3241 South Douglas, C-12 Springfield, IL 62704
irector:	JoAnn Parks
.ddress:	23267 Safari Avenue
irector:	Porte Charlotte, Florida 33954  David Loyd
ddress:	501 West Monroe
. OFFICER	Springfield, IL 62704 S (Street address only - P.O. Box NOT acceptable)
resident:	Dona Hornstein
ddress:	3241 South Douglas, C-12
	Springfield, IL 62704
ice President:	Marvin Hornstein
ddress:	3241 South Douglas, C-12
	Springfield, IL 62704
ecretary:	JoAnn Parks E 5
ddress:	23267 Safari Avenue
	Porte Charlotte, Florida 33954
reasurer:	JoAnn Parks
ddress:	23267 Safari Avenue
	Porte Charlotte, Florida 33954
OTE: If nece	essary, 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)
4.	Dona Hornstein, President, Office Manager

Filė Number \_\_\_ 6017-933-6



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

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_ 6TH day of \_\_\_\_\_ AUGUST \_\_\_ A.D. \_\_\_\_ 1999 \_.

Desse White