# F99000005394

#### TRANSMITTAL LETTER

	ication/Tax Lien Section on of Corporations		• •
SUBJECT:	GROUP III	PROMOTIONS, INC.	
	(Name of co	orporation - must include suffix)	
Dear Sir or Ma	dam:		
"Certificate of	Application by Foreign Corporal Existence", and check are subminess in Florida.	tion for Authorization to Transactited to register the above reference	ced foreign corporation
Please return al	l correspondence concerning this	S matter to the following:	003011320: -10/11/9901089010 ******70.00 ******70.00
	Melvin J. Fein		
		lame of Person)	
	Melvin J. Fein, PC	- -	
	(F	irm/Company)	<u>a de la compania del compania del compania de la compania del compania del compania de la compania del compania</u>
	1155 S. Washington St	1., Ste. 204	T SMY.2" HE DE Pro.
		(Address)	
	Naperville, IL 60540		
		City/State/Zip)	
	d to call someone concerning this	s matter, please call:	OF STATE REPORTIONS
Melvin J	at (_0	330 ) 983–5255	- I Tax
(14ame	of Person)	(Area Code & Daytime Telephon	e Number)
STREET ADD	RESS:	MAILING ADDRESS:	
Qualification/Ta Division of Corp 409 E. Gaines St Tallahassee, FL	oorations :.	Qualification/Tax Lien S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a che	eck for the following amount:	A Property of	••
□ \$70.00 Filing	Fee		☐ \$87.50 Filing Fee,  Certificate of Status &  Certified Copy

# 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.	GROUP III	PROMOTIONS, INC.	-		•						
	(Name of corpo	ration; must include the word	"INCORPORATE	ED". "	COMPANY", "CORPORATION" or	<u> </u>	-				
	words or abbrev	iations of like import in lang	uage as will clearly	indic	ate that it is a corporation instead of a						
	natural person o	or partnership if not so contain	ned in the name at p	preser	nt.)						
			_	-							
^	Illinois			_	06 0100510						
		under the law of which it is	incompand)	3	36-3188540		<del></del> :				
	(oute of country	ander the law of which it is	mcorporated)		(FEI number, if applicable)						
4.	6/9/82	e of incorporation)	5per	peti	ıa1		-				
	(Dat	e of incorporation)	(Dura	ition:	Year corp. will cease to exist or "perpet	ual")					
6.	upon qual	ification									
	(Date first	transacted business in Florid	a.) (SEE SECTION	1S 60	7.1501, 607.1502 and 817.155, F.S.)						
7	820 W. J	ackson, Ste. 650, Cl	nicago, IL 60	607							
7.							<del></del>				
	(Current mailing address)										
		·	Ü	,							
	to marke	t and promote goods	and carviose	of	other companies		_				
8.											
	(Purpose(	i) of corporation authorized in	n home state or cou	intry (	o be carried out in state of Florida)	99	₹,				
9.	Name and str	eet address of Florida roo	rictored agents (	TO	Box or Mail Drop Box NOT accepts	.1 <u>3</u>					
٠.	A COMPLETE COLL	ser address of Fibrida 1 c	sistereu agent. (	r.O.	Box of Man Drop Box MOT accepts	ioie j	<b>建開</b>				
	Name:	CT Corporation Sys	tem								
	_					~**					
Of	fice Address:	1200 S. Pine Islan	d Rd.				340				
		m1				$\ddot{\omega}$	23				
	-	Plantation			Florida, 33324	00					
					Florida, 33324 (Zip code)	٠.	<u>~</u>				
10.	Registered a	gent's acceptance:									
		•									
Ha	ving been named	l as registered agent and to c	accept service of pr	ocess	for the above stated corporation at the	place d	esignated in				
thus	application, I h	ereby accept the appointmen	it as registered age	nt an	d agree to act in this capacity. I further	aeree .	to comply				
wui the	n the provisions	of all statutes relative to the ry position as registered age	proper and comple	ete pe	rformance of my duties, and I am famil	iar with	ı and accept				
<b>575C</b>	oongunons of m	y position as registerea agei									
		<b>\$</b>	ann F	1,//	- Lames Halon						
		(Re	gistered agent's sign	nature	) James Halpin Assistant Secretary						
		\^``\`	7		risionary severally						
11.	Attached is a ce	rtificate of existence duly aut	henticated, not mor	re thai	n 90 days prior to delivery of this applica		the				
Den	artment of State	by the Secretary of State or	other official havin	a cuel	ody of corporate records in the incident	an	an the less of				

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

which it is incorporated.

Chairman:		_		
•				
				•
Vice Chairman				
Address:			<u>.</u>	
Director:	Larry Diskin		<del></del>	
Address:	820 W. Jackson, Ste. 650			
	Chicago, IL 60607			-
Director:	Vincent Parrinello			
Address:	820 W. Jackson, Ste. 650			
	Chicago, IL 60607			-
B. OFFICE	RS (Street address only - P.O. Box NOT acceptable)			
President:	Larry_Diskin			
Address:	820 W. Jackson, Ste. 650	99	⊆ <u>≤</u> ,	•
	Chicago, IL 60607	OCT	<u> </u>	
Vice President:				- 1
Address:		PM ?	골유년 물의	
		<del>∵.</del> 00	ATIO	-
Secretary:	Vincent Parrinello		Ö	
Address:	820 W. Jackson, Ste. 650			•
<u>.</u>	Chicago, IL 60607			
Treasurer:	Vincent Parrinello			
Address:	820 W. Jackson, Ste. 650			
·	Chicago, IL 60607			
NOTE: If nece	essary, you may attach an addendum to the application listing additional officers and/or directors.			
3	Larrin Wiskins			
	(Signature of Chairman, Wice Chairman, or any officer listed in number 12 of the application)		/·····	
4.	Larry Diskin, President			

File Number \_\_\_\_\_\_ 5275-906-4



## 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

Desse White

SECRETARY OF STATE