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SECRETARY OF STATE ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO:	Registration S Division of Co					
SUBJ	ECT:	LJC:	Inc			
			(Name of corpo	ration - must include suff	ix)	
Dear S	ir or Madam:					
"Certif		ce," and ch			nsact Business in Florida," erenced foreign corporation	to
Please	return all corres	pondence c	oncerning this m	atter to the following:		
	Leah	S A ?	de			
			(Nan	ne of Person)		
	LJC	Inc				
			(Firm	(Company)		_
	15.4	104	R+ 53			
			(4	Address)		
	Glen 8	Muss	ユし	60137		
			(City/St	ate and Zip code)		
For fur	ther information	ı concerning	g this matter, plea	ase call:		
<u> </u>	(Name of Pers	ob)	at (84 (A	7 <u>204-789</u> rea Code & Daytime Tele	phone Number HASSEE, FL ADDRESS: Section	דור
	STREET ADI Registration So Division of Co 409 E. Gaines Tallahassee, Fl	ection rporations St.		Registration Division of P.O. Box 63	Corporations S > \cdot \	ה
Enclose	ed is a check for	the followi	ing amount:			
\$70.	00 Filing Fee	☐ \$78.7: Certi	5 Filing Fee & ficate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Statu Certified Copy	ıs &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607,1503, FLO LEIGN CORPORATION TO TRA	NRIDA STATU NSACT BUSD	TES, THE FOLLOWING SESS IN THE STATE OF	IS SUBMITTED TO FLORIDA.	
(Enter name of or	mporation; sturt include "INCORPO mp," "imc," "Co," or "Corp.")	RATED," "CO	mpany," "Corporati	ON,"	
`	ble in Florida, enter alternate corpor				
2. State or country	under the law of which it is incorpor	3	(PEI number, if a	pplicable)	
4. <u>M</u>	of ideorposition)	5	ntion: Year cosp. will coss		
6. <u> </u>	Date first transacted (SEE SECTIONS 607.1501	CONTRACT DE L'ÉCH	me" in heart an teleparametricity	oiliny)	
7 <u> </u>	404 Rt 53 Principal	GALTIN Office address)	Ellyn, IL	<u>lea137</u>	
15	4104 Rt 53	iling address)	Ellyn, IL	60137	
8. Sc. (Purpose(s	de of devial -	tact	to be carried out in Austr of	Florida)	د د سند ن
-	t address of Florida registered ag		NOT acceptable)	•	
Name:	Richard Proctor	<u>. </u>			
Office Address:	3300 NE 19155	# 180	7		
	Aventus; (City)		, Florida 33/80 (Zip code)	ZIOS SECI TALL	energe (
Having been name	ent's acceptance: ed as registered agent and to acc	egt service of	process for the above sig	HAR AG	<u>=</u>
further agree to a	application, I hereby accept the raphy with the provisions of all ! with and accept the obligations	simbates reliativ	e to the proper and come	por no are in their consecution of air of	
	MA	2		ATE ORIDA	
-	(Regimmed agent's	ignature)			

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 business addresses of officers and/or directors;

	A. DIRE	ECTORS	
	Chairman		
	Address:		
	Vice Chai	rman:	
	1,001000.		
	Director:		-,
	Address:		
	.		
	Address:		
	B. OFFI	ICERS	
	President:	Christine M Diehl	
	Address:	302 Persimmon Ln	
		Oswego IL 60543	
Tresum		ident: Jennifer A. Vullo	
	1	1550 Golden Hills Rd	
	•	Colorado Springs CO 80919 EE E =	T1
	Secretary:	HE WE	- 1
	•	1 S. 464 Rt 53, Glen Ellyn IL 601872 6	77
	Address:		J
	Treasurer:		
	Address:		
	NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
	13	(Signature of Director or Officer listed in number 12 of the application)	<u> </u>
	14	Signature of Director or Officer listed in number 12 of the application) Leah 5. Apple	
	<u>. ,</u>	(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 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

day of AUGUST A.D. 2009

Desse White

SECRETARY OF STATE

