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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : CHECKMATE  
Account Number : 120030000146  
Phone : (941)922-2801  
Fax Number : (941)922-7741

FOREIGN PROFIT/NONPROFIT CORPORATION  
ECONOMOU PARTNERS CONSTRUCTION, INC.

Certificate of Status	0
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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ECONOMOU PARTNERS CONSTRUCTION, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LEAH HARN

(Name of Person)

CHECK MATE

(Firm/Company)

4411 BEE RIDGE ROAD, #257

(Address)

SARASOTA, FL 34233

(City/State and Zip code)

For further information concerning this matter, please call:

LEAH HARN

(Name of Person)

at ( 941 ) 922-2801

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$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.

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**1. ECONOMOU PARTNERS CONSTRUCTION, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. ILLINOIS**

(State or country under the law of which it is incorporated)

**3. 72-1620959**

(FBI number, if applicable)

**4. SEPTEMBER 22, 2006**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. UPON QUALIFICATION**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 1030 W. HIGGINS ROAD, SUITE 305 PARK RIDGE, IL 60068**

(Principal office address)

**SAME AS ABOVE**

(Current mailing address)

**8. ANY & ALL LAWFUL BUSINESS**

(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 NOT acceptable)**

Name: **CHECK MATE LICENSING SERVICE**

Office Address: **4411 BEE RIDGE ROAD, #257**

**SARASOTA**, Florida **34233**  
(City) (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 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.*

  
(Registered 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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: STEVE J. ECONOMOU

Address: 1030 W. HIGGINS ROAD, SUITE 305

PARK RIDGE, IL 60068

Vice President: JOHN W. ECONOMOU

Address: 1030 W. HIGGINS ROAD, SUITE 305

PARK RIDGE, IL 60068

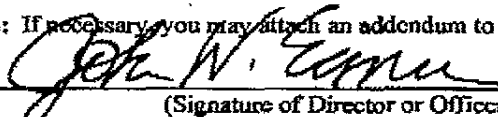
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

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)

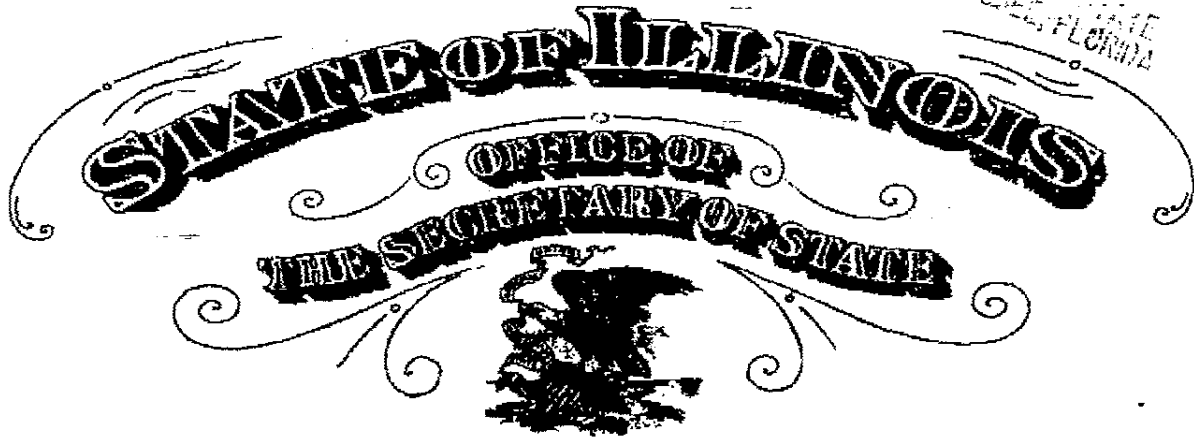
14. JOHN W. ECONOMOU, VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

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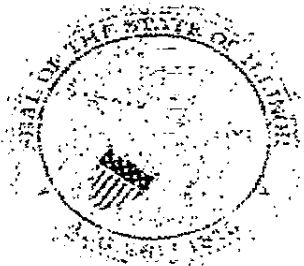


*To all to whom these Presents Shall Come, Greeting:*

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

ECONOMOU PARTNERS CONSTRUCTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 22, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this*  
day of                      OCTOBER                      A.D.                      2ND                      2006



*Jesse White*

SECRETARY OF STATE