

FO7000000545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

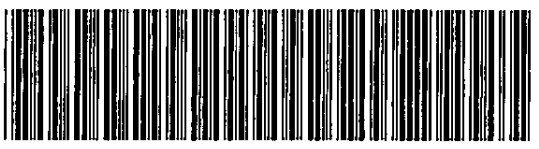
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900084982079

01/29/07--01058--003 **87.50

FILED
07 JAN 29 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 1/31/07

COVER LETTER

FILED

07 JAN 29 AM 8:28

TO: New Filing Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: HERMELLE ENTERPRISES 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:

Herman Pinto

(Name of Person)

HERMELLE ENTERPRISES INC.

(Firm/Company)

2212 CHESHIRE DR.

(Address)

AURORA, IL 60502

(City/State and Zip code)

For further information concerning this matter, please call:

Herman Pinto

(Name of Person)

at (630) 544 4006

(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.

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

HERMELLE SOLUTIONS INC.

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

2. ILLINOIS 3. 20-1374185
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/15/2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2212 CHESHIRE DR., AURORA, IL 60502
(Principal office address)

2212 CHESHIRE DR., AURORA, IL 60502
(Current mailing address)

8. The transaction of any or all lawful businesses for which corporations may be incorporated under the Florida Business Corporation Act
(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: Shobha Dussa

Office Address: 5654 Burnside Circle

Tallahassee, Florida 32312
(City) (Zip code)

FILED
JAN 29 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Shobha D

(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: Herman Pinto

Address: 2212 CHESHIRE DR.
AURORA, IL 60502

Vice Chairman: Herman Pinto

Address: 2212 CHESHIRE DR.
AURORA, IL 60502

Director: Herman Pinto

Address: 2212 CHESHIRE DR.
AURORA, IL 60502

Director: _____

Address: _____

B. OFFICERS

President: Herman Pinto

Address: 2212 CHESHIRE DR.
AURORA, IL 60502

Vice President: Herman Pinto

Address: 2212 CHESHIRE DR.
AURORA, IL 60502

Secretary: Herman Pinto

Address: 2212 CHESHIRE DR., AURORA, IL 60502

Treasurer: HERMAN PINTO

Address: 2212 CHESHIRE DR., AURORA, IL 60502

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

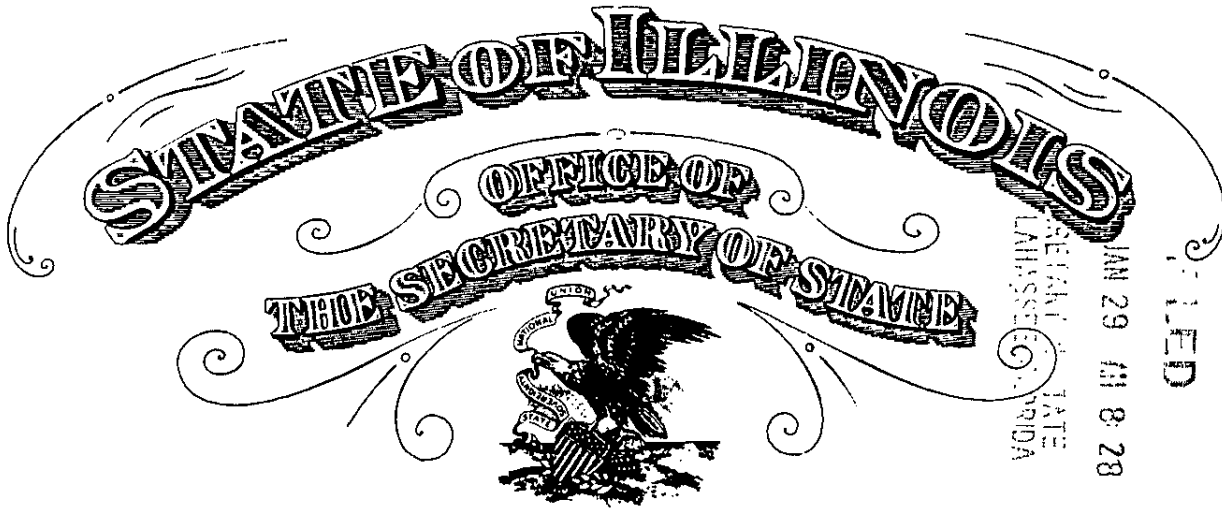
(Signature of Director or Officer listed in number 12 of the application)

14. HERMAN PINTO, PRESIDENT

(Typed or printed name and capacity of person signing application)

FILED
07 JAN 29 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number 6364-220-7



To all to whom these Presents Shall Come, Greeting:

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

HERMELLE ENTERPRISES INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 15, 2004, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE 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 17TH day of JANUARY A.D. 2007

Jesse White

Authentication #: 0701702208

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE