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(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:						

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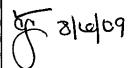
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SECRETARY OF STATE



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COVER LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO:	New Filing Section Division of Corporations			IALLAHASSEE, FLUKI
SUBJ	ECT: D&M Satellite Solu	itions, Ltd	l. Co.	
			on - must include suffix	
Dear S	ir or Madam:			
"Certi	sclosed "Application by Foreign C ficate of Existence," and check are at business in Florida.			
Please	return all correspondence concern	ing this matte	er to the following:	
		Joanna	Maslan	
		Name o	f Person	
	Maslan A	ccounting 8	& Tax Services, Inc.	
		Firm/Co	mpany	
		186 N Barr	ington Rd	
		Add	ress	
	s	treamwood	i, IL 60107	
-		City/State	and Zip code	
			accounting.com	
	E-mail addres	s: (to be used	for future annual report	notification)
For fu	ther information concerning this n	natter, please	call:	
Joan	na Masian	at (630	₎ 483-4377	
	Name of Person	Area	Code & Daytime Telepl	none Number
	STREET/COURIER ADDRES New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:S:	MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, 1	ection forporations 7
	ed is a check for the following amount of the control of the contr	Fee &	\$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.

	able in Florida, enter alternate corporate na		adopted for the purpose of transacting business in Florida)
(State or country	under the law of which it is incorporated)	_ 3.	20-1022999 (FEI number, if applicable)	_
,	and the law of which it is incorporated,	_	Perpetual	
05/03/2004 (Date	of incorporation)	5.	(Duration: Year corp. will cease to exist or "perpetual")	_
	•			
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
186 N Barring	gton Rd; Streamwood, IL 60107			_
	(Principal office	add	ress)	
186 N Barrin	gton Rd; Streamwood, IL 60107			_
	(Current mailing	aod	ress)	
Satellite TV	installation services		E co	0
		or co	ountry to be carried out in state of Florida)	-ÿ
Name and stree	t address of Florida registered agent: ((P.C	D. Box NOT acceptable)	S.
	Mariusz Mazur	•	SSE	9
Name:				Ħ
ffice Address:	1720 NE 138th Street			<u>ö</u>
	North Miami		, Florida 33181	20
	(City)		(Zip code)	. •
aving been nam esignated in this erther agree to co	application, I hereby accept the appoint	intr es r	ice of process for the above stated corporation at the nent as registered agent and agree to act in this capt relative to the proper and complete performance of n sition as registered agent.	acity.

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:

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A. DIRECTORS	09 AUG -6 AM 10: 02
Chairman: Monika Kania	SECRETARY OF STATE
Address: 6770 Hawaii Kai Dr; Apt 602	PALLAHASSEE, FLORIN
Honolulu, HI 96821	
Vice Chairman:	
Address:	•
Director:	
Address:	
Director:	
Address:	
B. OFFICERS Monika Kania	
6770 Hawaii Kai Dr. Ant 602	
11 - 4 4 11 00004	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application I	isting additional officers and/or directors.
13.	
(Signature of Director or Officer listed in number	r 12 of the application)
14. Monika Kania - President (Typed or printed name and capacity of person	rioning amplication)
() year of printed name and capacity of person	signing approactous

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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

D&M SATELLITE SOLUTIONS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 03, 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.



Authentication #: 0921102358
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH

day of

JULY

A.D.

2009

The was a service with

Desse White

SECRETARY OF STATE