AP TR Bu Se De 50 Sp 21 ww Re che or pay	PRM BCA 13.15 (rev PLICATION FOR AUTH ANSACT BUSINESS II siness Corporation Act cretary of State partment of Business So 1 S. Second St., Rm. 35 ringfield, IL 62756 7-782-1832 w.cyberdriveillinois.com emit payment in the form eck, certified check, mor an Illinois attorney's or 0 yable to the Secretary o E NOTE 1 CONCERNII	HORITY TO N ILLINOIS ervices 50 of a cashier's hey order CPA's check f State.	le #										
Fili	ing Fee: \$	Franchise Tax: \$	Penalty/Int	terest: \$	Total: \$	Approv	red:						
	Submit in du		-										
1	(a) CORPORATE NA												
	(Complete item 1 (b) only if the corporate name is not available in this state.)												
	 (b) ASSUMED CORPORATE NAME:												
_		siness in Illinois. Form	BCA 4.15 IS attache	9 0 .)									
2.	State or Country of Incorporation	;	Date of Incorporation	;		iod of ation							
3.	a. (a) Address of the principal office, wherever located:		er located:	(b) Address of principal office in Illinois: (If none, so state)									
4.	Name and address of the registered agent and registered office in Illinois.												
	Registered Agent:	5 5	5										
	First Name Registered Office:			Middle Initial		Last Name							
	noglotorod Onico.	Number		Street		Suite #	(A P.O. Box alone is not acceptable.)						
		City		ZIP Code		County							
5.	States and countries in	which it is admitted o	or qualified to transa	ct business: (Incl	ude state of incorp	poration)							
6.	Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)												
	Name No. & Stree					State	ZIP						
					City	Sidle	21F						
	President												
	Secretary												
	Director												
	Director												
	Director												

7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)

8.	Auth	Authorized and issued shares:							
	Clas	s Series	Par Value	Number of Shares Authorized	Number of Shares Issued				
	(If more, attach list)								
9.	Paid-in Capital: \$								
10.	(a) (b) (c) (d)	Give an estimate of the tota corporation for the following Give an estimate of the tota corporation for the following State the estimated total bu transacted by it everywhere State the estimated annual transacted by it at or from p Illinois:	g year: al value of all the property* g year that will be located in isiness of the corporation to for the following year: business of the corporation	of the \$ n Illinois: \$ o be \$ n to be tate of					
11.	 Interrogatories: (Important - this section must be completed.) (a) Is the corporation transacting business in this state at this time? (b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois: 								
12.	2. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.								
13.	 The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) 								
	Dated,,								
		(Month Day)	(Year)	(Exact Name o	f Corporation)				
	(Any Authorized Officer's Signature)								
	(Print Name and Title)								

- * PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.
- Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.