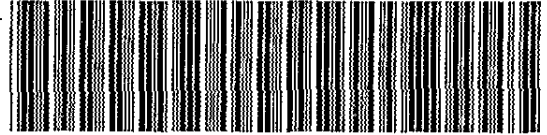


F03000002507

00789-00647-00671

Cooper Byrne Blue + Schwartz
(Requestor's Name)



200013904082

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

03/25/03--01002--002 *\$87.50

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

F03-2507
OK

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03 MAY 19 4:18
TALLAHASSEE FLORIDA

RECEIVED
03 MAR 24 PM 3:36
STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 1, 2003

COOPER BYRNE BLUE & SCHWARTZ
1358 THOMASWOOD DR
TALLAHASSEE, FL 32308

SUBJECT: HOMELIFE COMMUNITIES OF SOUTH FLORIDA, INC.
Ref. Number: W02000034289

We have received your document for HOMELIFE COMMUNITIES OF SOUTH FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 203A00018171

FILED
03 MAY 19 PM 4:18
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 25, 2003

COOPER BYRNE BLUE & SCHWARTZ

SUBJECT: HOMELIFE COMMUNITIES OF SOUTH FLORIDA, INC.
Ref. Number: W02000034289

We have received your document for HOMELIFE COMMUNITIES OF SOUTH FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Michelle Hodges
Document Specialist

Letter Number: 203A00018171

03 MAY 19 PM 4:18
TALLHASSEE, FLORIDA

FILED

Cooper, Byrne Blue & Schwartz
Requestor's Name

1358 Thomaswood Dr.
Address

Tallahassee FL 32308 850-553-4300
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HomeLife Communities of South Florida, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in
 Mail out

Pick up time _____
 Will wait

Photocopy

Certified Copy

Certificate of Status

TALLAHASSEE, FLORIDA

03 MAY 19 PM 4: 18

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE

03 MAR 24 PM 3: 35

RECEIVED

Examiner's Initials

Cooper Byrne Blue & Schwartz
Requestor's Name

1358 Thomasville Road
Address

Tallahassee FL 32308 850-553-8300
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HomeLife Communities of South Florida, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in

Pick up time _____

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
03 MAY 19 PM 3:33

RECEIVED

03 MAY 19 PM 4:18

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
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<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homelife Communities of South Florida, 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:

Brendan H. Parnell, Esq.
(Name of Person)
Quirk & Quirk, P.C.
(Firm/Company)
2964 Peachtree Rd. NW, Suite 450
(Address)
Atlanta, Georgia 30305
(City/State and Zip code)

For further information concerning this matter, please call:

Brendan H. Parnell, Esq. at (404) 237-5595
(Name of Person) (Area Code & Daytime Telephone Number)

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03 MAY 19 PM 4: 18
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399


MAILING ADDRESS:
Registration 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. Homelife Communities of South Florida, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia 3. 51-0429303
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 7, 2002 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 323 Pine Avenue, Suite 300, Albany, Georgia 31702
(Principal office address)
323 Pine Avenue, Suite 300, Albany, Georgia 31702
(Current mailing address)
8. Pecuniary gain and profit, and to engage in any form of business for any lawful purpose
(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 or Mail Drop Box **NOT** acceptable)
Name: D. Andrew Byrne, Esq.
Office Address: 1358 Thomaswood Drive
Tallahassee, Florida 32308
(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.

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03 MAY 19 PM 4: 18
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Betty Hope Palmer
Address: 323 Pine Avenue, Suite 300, Albany, Georgia 31702

Vice Chairman: Betty Hope Palmer
Address: 323 Pine Avenue, Suite 300, Albany, Georgia 31702

Director: Betty Hope Palmer
Address: 323 Pine Avenue, Suite 300, Albany, Georgia 31702

Director: Betty Hope Palmer
Address: 323 Pine Avenue, Suite 300, Albany, Georgia 31702

B. OFFICERS

President: Betty Hope Palmer
Address: 323 Pine Avenue, Suite 300, Albany, Georgia 31702

Vice President: Betty Hope Palmer
Address: 323 Pine Avenue, Suite 300, Albany, Georgia 31702

Secretary: Betty Hope Palmer
Address: 323 Pine Avenue, Suite 300, Albany, Georgia 31702

Treasurer: Betty Hope Palmer
Address: 323 Pine Avenue, Suite 300, Albany, Georgia 31702

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03 MAY 19 PM 4:18
TALLAHASSEE, FLORIDA

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

13. Betty Hope Palmer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Betty Hope Palmer, President
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 031060188
CONTROL NUMBER : 0251122
DATE INC/AUTH/FILED: 10/07/2002
JURISDICTION : GEORGIA
PRINT DATE : 04/16/2003
FORM NUMBER : 211

QUIRK & QUIRK, P.C.
TIKA M. EVERETT
2964 PEACHTREE RD., NW, 450 BUCKHEAD CTR
ATLANTA, GA 30305

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HOMELIFE COMMUNITIES OF SOUTH FLORIDA, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



A handwritten signature in black ink, appearing to read "Cathy Cox".

Cathy Cox
Secretary of State