

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone	e #)	
PICK-UP WAIT	MAIL	
(Business Entity Nar	me)	
(Document Number)		
Certified Copies Certificates	s of Status	
Special Instructions to Filing Officer:		







ACCOUNT NO. : 072100000032

REFERENCE : 537938

4304350

AUTHORIZATION

COST LIMIT

ORDER DATE : April 1, 2004

ORDER TIME : 10:01 AM

ORDER NO. : 537938-005

CUSTOMER NO: 4304350

CUSTOMER: Michelle Morris-sokolick

Laser, Pokorny, Schwartz,

8th Floor

6 West Hubbard Street Chicago, IL 60610

FOREIGN FILINGS

NAME: CASTLEROCK HOMES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 5, 2004

SUSIE KNIGHT CSC TALLAHASSEE, FL

SUBJECT: CASTLEROCK HOMES, INC.

Ref. Number: W04000013130

We have received your document for CASTLEROCK HOMES, INC. and the authorization to debit your account in the amount of \$87.50. However, the document has not been filed and is being returned for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of aname is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 304A00022094



OLERA THOOSE

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

RI	EGISTER A FOREIGN CORPORATION TO TRANSACT	BUSINESS IN THE STATE OF FLORIDAGE
1.	(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	BUSINESS IN THE STATE OF FLORIDA ""COMPANY," "CORPORATION," adopted for the purpose of transacting business in Florida."
	CASTLEROCK BUILDERS & DEVELOPERS. IN (If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida
2.	Illinois 3.	36-3950344
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4.	March 11, 1993	Perpetual
	(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	Upon Qualification	
	(Date first transacted business in Florida. If corporation has no (SEE SECTIONS 607.150)	t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
7.	161 East Chicago Ave., Ste. 2401 Chicago, IL 60	0611
	(Principal office add	
	161 East Chicago Ave., Ste. 2401 Chicago, IL 60 (Current mailing add	· <u> </u>
8.	Consulting, marketing, sales and construction of	
	(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)
9.	Name and $\underline{street\ address}$ of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
	Name: Corporation Service Company	
0	ffice Address: 1201 Hays Street	
	Tallahassee	, Florida 32301
	(City)	(Zip code)
H de fu	signated in this application, I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties, sition as registered agent.

- 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:

(Registered agent's signature)

A. DIRECTORS Chairman: James Joseph Lusk (Sole Director) Address: 161 E. Chicago Avenue Suite 2401 Chicago, IL 60611 Vice Chairman: Address: __ Address: _ **B. OFFICERS** President: James Joseph Lusk Address: 161 E. Chicago Avenue Suite 2401 Chicago, IL 60611 Vice President: Address: Secretary: James Joseph Lusk Address: 161 E. Chicago Avenue Suite 2401 Chicago, IL 60611 Treasurer: James Joseph Lusk Address: 161 E. Chicago Avenue Suite 2401 Chicago, IL 60611 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

14. James Joseph Lusk, President



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this

18TH
day of

MARCH
A.D.

Desse White