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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

COVER LETTER TO: New Filing Section Division of Corporations SUBJECT: Housing Headquarters Inc. (Name of corporation Unust 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:
Gail E. Fergus (Name 6) Person)
· · · · · · · · · · · · · · · · · · ·
Housing Headquarters, Inc
()
173 E Hawthorn Pkwy Duite 410
Vernon Hills, TL 60061 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call: Cai Fergus at (847) 918-9860 (Name of Person) (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 \$\ \times \text{\$78.75 Filing Fee & }\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \ \$87.50 Filing Fee, \text{Certified Copy}

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

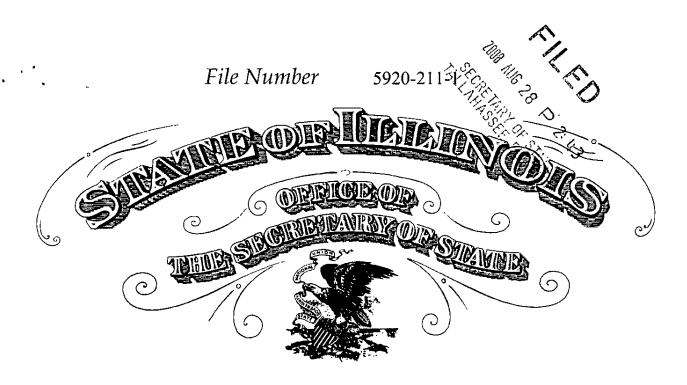
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
(Enter name of corporation; must include "WCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include 'DICORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. TLLINOIS (State or country under the law of which it is incorporated) 3. 36-4123545 (FEI number, if applicable)
i de la companya de
4. January 1997 (Date of incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
5. 91,12008
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
175 & Hawthorn Pkwy Ste 410 Veron Hils T. 60061
7.17.5 E Hawthorn Pkwy Ste 410 Veron Hils IL 60061 (Principal office address)
same
Same (Current mailing address)
s. Sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
P. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida). Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Terrance V Hackett Office Address: SSUI NE 3rd Ave Fort Lauderdale , Florida 33308 (City) (City) (City) (City) (City) Florida 33308 (Zip code)
Office Address: SSYI NE 3rd Ave
Fort Lauderdale, Florida 33308 (City) (Zip code)
(City) (Zip code)
0. 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.

IZ. Nam	es and business addresses of officers and/or directors:
A. DIRE	CCTORS
Chairman:	Sarah K Hackett
Address:	175 E Hauthorn Parkway Suite 410
	Vernon Hills IL 60061
	man:
Address:	The second secon
_	
Director:	2 m
Address:	The D O
-	
Director:	同所・ い
	Scrah K Hackett 175 E Hauthorn Parkway Suile 410 Vernon Hills IL 60061
Vice Presi	dent: Sarah K Hackett
Address:	
Secretary:	Sarah K Hackett
Address: _	
Treasurer:	Savah K Hackett
Address:	
	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	Sarah K Hackett President (Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

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

HOUSING HEADQUARTERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1997, 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 #: 0822701538

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 14TH

day of **AUGUST**

A.D.

2008