-	ualification/Ta vision of Corp	x Lien Section porations				
SUBJECT:	HOMEFIF	RST AGENCY,	INC.	-		
				poration - must include suffix)		
Dear Sir or	Madam:					
The enclose and check a	ed "Application are submitted	on by Foreign Corp to register the abov	oration for Au e referenced f	thorization to Transact Business in Florida", 'oreign corporation to transact business in Flor	"Certificate ida.	e of Existence",
Please retur	rn all correspo	ndence concerning	this matter to	the following:	•	
				60000	ເຊັດຊື່ອ.	75365
		<del>/1</del> 3/00- ***70.00	13/0001049005			
CLAYTON			FON HOMES, INC.	I HOMEC THO		
<del></del>				(Firm/Company)	— w	-1290
			P.0	D. BOX 4098		
			•	(Address)		·
		,	MARYV	ILLE, TN 37802		
			<b>5</b> -	(City/State/Zip)	<del></del>	* .
Should you	need to call s	omeone concerning	g this matter, p	please call:	=	0
	LINDA L.	PONCE	at	(423)380-3000 EXT 5425	ALL/ SECR	00
	(Name	of Person)		(Area Code & Daytime Telephone Number	ETARY OF STATE MASSEE, FLORIDA	哥 =
STREET ADDRESS:				MAILING ADDRESS:		LED -2 M
Qualification/Tax Lien Section				Qualification/Tax Lien Section		<u>ج</u> ج
Division of Corporations				Division of Corporations		<del>-</del> .
409 E. Gaines St. Tallahassee, FL 32399				P.O. Box 6327 Tallahassee, FL 32314		inte
Enclosed is	a check for th	ne following amour	t:			4ntu 2/2
X \$70.00 I	Filing Fee	\$78.75 Filing	Fee &	\$78.75 Filing Fee & \$87.50	Filing Fee,	Į

Certified Copy

Certificate of Status & Certified Copy

Certificate of Status



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 18, 2000

CLAYTON HOMES, INC. PO BOX 4098 MARYVILLE, TN 37802

SUBJECT: HOMEFIRST AGENCY, INC.

Ref. Number: W0000001290

We have received your document for HOMEFIRST AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.150 for 5608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 000A00002252

## 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.

	RST AGENCY, INC.		TH (CORPOR ISYON)			
	rporation; must include the word "INCORPOR s of like import in language as will clearly ind					
	of fixe import in language as will clearly industrial finct so contained in the name at present.)	icate mai it is a corp	oration histoad of a natural person of			
1 1	•					
2. DELAWAR	RE	3.	62-1764688			
(State or c	country under the law of which it is incorporat	ted)	(FEI number, if applicable)			
4	10/13/98	5	PERPETUAL			
T	(Date of incorporation)	(Duration	PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")			
. 115	on qualification					
6	DON QUALIFICATION (Date first transacted business in Florida.) (SE	E SECTIONS 607.1:	501, 607, 1502 and 817, 155, F.S.)			
7. <u>P.O. BC</u>	OX 4098		·			
MARYVII	LLE, TN 37802		SI SI			
<del>" '</del>	(Current	mailing address)	CR .			
• TMOHDAN	ICE ACENCY					
	NCE AGENCY (Purpose(s) of corporation authorized in home	e state or country to h	pe carried out in state of Elecida N			
		-	FQ _ !!			
9. Name and st	treet address of Florida registered agent: (P	O. Box or Mail Drop	Box NOT acceptable)			
Name:	CT CORPORATION SYSTEM		3: 2 ATT )RIC			
Office Address:	1200 SOUTH PINE ISLAND RO	רו ער	) · · · -			
Office Address.			*			
	PLANTATION	, Florida, <u>_</u>				
			(Zip code)			
10. Registered a	agent's acceptance:					
Havina hoon na	med as registered agent and to accept service	of process for the a	bove stated corporation at the place designated			
	on, I hereby accept the appointment as registe					
			ormance of my duties, and I am familiar with			
and accept the o	bligations of my position as registered agent.		ALLAN FARNELL			
	h f -	<u> </u>	ASSISTANT SECRETARY			
	(Registered	l agent's signature)	<del>-</del>			
44 4 7 3.						

- 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 addresses of officers and/or directors: (Street address ONLY P.O. Box NOT acceptable)

	TORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	KEVIN T. CLAYTON •		
Address:	5000 CLAYTON ROAD		
	MARYVILLE, TN 37804	<del></del>	
Vice Chairn	nan:		
Address:			
Director:	GREG HAMILTON		
Address:	5000 CLAYTON ROAD		
-	MARYVILLE, TN 37804		
Director:	DAN ELLIS		
Address:	5000 CLAYTON ROAD		
<u>-</u>	MARYVILLE, TN 37804		
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	) OC	
President:	KEVIN T. CLAYTON	FEB	<u> </u>
Address:	5000 CLAYTON ROAD	-2	П
_	MARYVILLE, TN 37804	<u>₹</u>	<u> </u>
Vice Preside	ent:	2	
Address:			
-			
	DAN ELLIS		•
Address: _	5000 CLAYTON ROAD		
-	MARYVILLE, TN 37804		
Treasurer:			<del> </del>
Address:			
NOTE: If n	necessary, you may attach an addendum to the application listing additional officers and/or directors.		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		··
14. <u>DAN</u>	ELLIS, SECRETARY  (Typed or printed name and capacity of person signing application)	<b></b>	

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## State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMEFIRST AGENCY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JANUARY, A.D. 2000.



AUTHENTICATION:

0174353

DATE: 01-02-00

2954982 8300

991537557