

F00000000 746

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Housing Community Services, 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:

Colleen Kelly
(Name of Person)
Housing Community Services, Inc.
(Firm/Company)
4250 Alafaya Trail, Suite 212-330
(Address)
Oviedo, FL 32765-9424
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

Colleen Kelly at (407) 481-2484
(Name of Person) (Area Code & Daytime Telephone Number)

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FEB -3 AM 9:38
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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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. Housing Community Services, 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. Kentucky 3. 59-3618490
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 18, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4250 Alafaya Trail, Suite 212-330
Oviedo, FL 32765-9424
(Current mailing address)

8. Real Estate Related Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

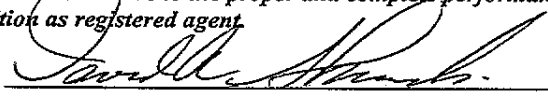
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: David A. Skrocki
Office Address: 5505 N. Atlantic Ave.
Cocoa Beach, Florida, 32931
(Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Pedro E. Vermales

Address: 4250 Alafaya Trail, Suite 212-330

Oviedo, FL 32765-9424

Vice Chairman: N/A

Address: _____

Director: David A. Skrocki

Address: 4250 Alafaya Trail, Suite 212-330

Oviedo, FL 32765-9424

Director: Randall E. Fleming

Address: 4250 Alafaya Trail, Suite 212-330

Oviedo, FL 32765-9424

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Christina R. Mathiesen

Address: 4250 Alafaya Trail, Suite 212-330

Oviedo, FL 32765-9424

Vice President: Tracey L. Wimmer

Address: 4250 Alafaya Trail, Suite 212-330

Oviedo, FL 32765-9424

Secretary: Colleen C. Kelly

Address: 4250 Alafaya Trail, Suite 212-330

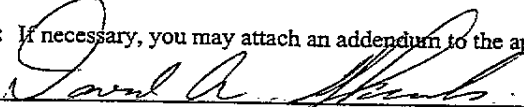
Oviedo, FL 32765-9424

Treasurer: Colleen C. Kelly

Address: 4250 Alafaya Trail, Suite 212-330

Oviedo, FL 32765-9424

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

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

David A. Skrocki, Director

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

FILED
NOV 17 9:38 AM '09
FBI - TAMPA
SECURITY & INVESTIGATIVE DIVISION



John Y. Brown III
Secretary of State
Certificate of Existence

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HOUSING COMMUNITY SERVICES, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is January 18, 2000 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of January, 2000.

John Y. Brown, III

JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky

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