F00,0000025124

TRANSMITTAL LETTER Registration Section To: Division of Corporations (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: (Firm/Company) (Address) 200003239682--05/04/00--01072--004 *****87.50 Should you need to call someone concerning this matter, please call: erake at (912) 776-2667
erson) (Area Code & Daytime Telephone Number **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount: 3 \$87.50 Filing Fee, ☐ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$70.00 Filing Fee

Certified Copy

Certificate of Status

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. Craffmade I-tomes Troor porated (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. Cleora io. (State or country under the law of which it is incorporated) 4. Open of incorporation) 3. S8.225.2518 (FEI number, if applicable) 4. Open 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. a. 710 Ashburn Huy Sylvester, Ga 31015 (Principal)office address) b. P.O Box 466 Sylvester, Ga 31015 (Current resalling address)
8. Sale. of manufactured homes (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: Wilburn G. Krause Office Address: HC3 Box 172 A 120 Miramar Drive, Mexico Beach, Fl Port St. Joe, Fla , Florida 32456 (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.

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

A. DIRECTOR	
Chairman:	Wilburn G. Krause
Address:	819 E 19th Ave / 120 Miramar Drive
	Cordele Ga 31015 / Merico Beach, Fla 32410
Vice Chairman:	Tyronne P. McConnell
Address:	1002 Schley Ave
	Cordele, Ga 31015
Director:	Harry F Dale
Address:	2426 Madison Drive
	Tifton Ga 31794
Director:	C. Austin Riggs
	240 Old Blackshear Road
	Condele Ga 31015
B. OFFICERS	
	Tymnne P. McConnell
Address:	1002 Schley Ave
	Cordele Ga 31015
Vice President: _	Harry F. Dale
Address:	2420 Madison Drive
	Tifton, Ga 31794
Secretary: Tras	C. Austin Riggs
Address:	240 Old Blackshear Road
	Cordele, Ga 31015
Treasurer:	
Address:	
NOTE: If necessar	ary, you may attach an addendum to the application listing additional officers and/or directors.
13	Mary Cale
(5	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	(Typed or printed name and capacity of person signing application)
	(*3 People of 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 : 001161871
CONTROL NUMBER : K622539

DATE INC/AUTH/FILED: 07/10/1996
JURISDICTION : GEORGIA
PRINT DATE : 04/25/2000
FORM NUMBER : 211

CRAFTMADE HOMES, INC. 710 ASHBURN HWY P O BOX 466 SYLVESTER, GA 31790

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

CRAFTMADE HOMES, 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 abovenamed 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.

OF G

Cathy Cox Secretary of State