FOUUDUU 1954

Division of Corporations	
SUBJECT: GULF SOUTH HOMES,	INC.
(Name o	of corporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corp "Certificate of Existence", and check are su to transact business in Florida.	poration for Authorization to Transact Business in Florida", abmitted to register the above referenced foreign comporation
Please return all correspondence concerning	g this matter to the following:
TIMOTHY P. DUPLANTIS	SS = M
	(Name of Person)
	(Ivalie of Person)
GULF SOUTH HOMES, INC.	
	(Firm/Company)
P. O. BOX 7094	20004519
$r \sim r d$	(Address)
HOUMA, LA. 70361	
* **** · · · · · · · · · · · · · · · ·	City/State and Zip code)
For further information concerning this matt	- <u>04/11/0101042</u> 022
TIMOTHY OR STEPHANIE DUPLANTIS at	(005) 074 0000
(Name of Person) at	(Area Code & Daytime Telephone Number
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
□ \$70.00 Filing Fee □ \$78.75 Filing Fe Certificate of St	tatus Certified Copy Certificate of Status & Certified Copy

m 4/11

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.

(reame or corp	oration; must include the w	ord "INCORPOR	RATED	o", "COMPANY", "CO	RPORAT	ION" or	
words or abbro	eviations of like import in la	anguage as will cl	learly in	ndicate that it is a corpo	oration ins	tead of a	
natural person	or partnership if not so cor	itained in the nam	e at pro	esent.)			
LOUISIANA			_ 3	72-1293153			
(State or count	y under the law of which it	is incorporated)		(FEI nun	iber, if app	olicable)	
	3/15/95		5	PERPETUAL	· / 45	# JF1	
(Da	ate of incorporation)		(Duration: Year corp. v	vill cease t	o exist or "p	erpetual")
	QUALIFICATION						
(Date first trans	acted business in Florida.	If corporation has	not tra	ensacted business in Flo 07.1502 and 817.155,	orida, inse	rt "upon qua	lification.")
/// ነተመ	87 SOUTH, MILTON,			07.1302 and 817.135,	F.S.)	至台	.
	67 SOULI, FILLION,	(Principal office		-\		<u> </u>	<u> </u>
אר ה ע	7094, HOUMA, LA.	-	addres.			ESE .	
1. U. DOZ		(Current mailing			2042	<u> </u>	
		(Curen manng	auures:	s)		EST.	12.
SALE OF	MOBILE HOMES					之三	
	2000000	-	-			00	ب
		ed in home state o	r count	rv to be carried out in	state of Flo	rida)	00
(Purpose	(s) of corporation authorize					-	
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(Purpose Name and st Name:	(s) of corporation authorize reet address of Florida PAULA WAY 4424 HWY 87 SOUTH	registered agei		O. Box or Mail Dro	9 Box <u>N(</u>	-	
Name and strain Name: fice Address: Registered a	(s) of corporation authorize reet address of Florida PAULA WAY 4424 HWY 87 SOUTH MILTON (City) agent's acceptance:	registered ager	nt: (P	O. Box or Mail Droper of the Control	Box <u>N(</u>	<u>OT</u> acceptal	ole)
Name and strains Name: fice Address: Registered a string been nare	(s) of corporation authorize reet address of Florida PAULA WAY 4424 HWY 87 SOUTH MILTON (City) agent's acceptance: ned as registered agent	registered ager	nt: (P	O. Box or Mail Drop , Florida 32583 (Zip co	ode)	OT acceptal	ole)
Name and strain Name: Trice Address: Registered a twing been name signated in this	(s) of corporation authorize reet address of Florida PAULA WAY 4424 HWY 87 SOUTH MILTON (City) agent's acceptance: med as registered agent is application, I hereby to	registered ager	nt: (P	O. Box or Mail Drop , Florida 32583 (Zip co	ode)	OT acceptal	ole)
Name and straight Name: Name: Name: Registered a string been narsignated in thirther agree to	(s) of corporation authorize reet address of Florida PAULA WAY 4424 HWY 87 SOUTH MILTON (City) agent's acceptance: ned as registered agent is application, I hereby acceptly with the provision	registered ager	nt: (P	O. Box or Mail Droper of Process for the all at as registered agentive to the proper or	ode) ode) ove state t and agr	OT acceptal d corporative to act in	ole)
(Purpose Name and str Name: ffice Address: Registered a aving been nar signated in thi rther agree to	(s) of corporation authorize reet address of Florida PAULA WAY 4424 HWY 87 SOUTH MILTON (City) agent's acceptance: med as registered agent is application, I hereby to	registered ager	nt: (P	O. Box or Mail Droper of Process for the all at as registered agentive to the proper or	ode) ode) ove state t and agr	OT acceptal d corporative to act in	ole)
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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:

r Diffe	CTORS
hairman:	TIMOTHY P. DUPLANTIS
ddress: _	P. O. BOX 7094, HOUMA, LA. 70361
_	214 HOLLYWOOD RD., HOUMA, LA. 70360
ice Chain	nan:
_	7:0 9
rector: _	STEPHANIE DUPLANTIS
ldress: _	P. O. BOX 7094, HOUMA, LA. 70361
	214 HOLLYWOOD RD., HOUMA, LA. 70360
rector: _	ORDER OF
OFFIC	ERS
sident: _	TIMOTHY P. DUPLANTIS
dress:	P. O. BOX 7094, HOUMA, LA. 70361
_	214 HOLLYWOOD RD., HOUMA, LA. 70360
e Preside	nt:
теtагу: / <u>]</u>	REASURER: STEPHANIE DUPLANTIS
iress:	P. O. BOX 7094, HOUMA, LA. 70361
asurer: _	
iress:	
TE: If:	necessary, you may attach an addendum to the application listing additional officers and/or directors.
<u>Afrilij</u>	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
TIMO	THY P. DUPLANTIS, PRESIDENT (Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

GULF SOUTH HOMES, INC.

A LOUISIANA corporation domiciled at HOUMA,

Filed charter and qualified to do business in this state on March 24, 1995,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 19, 2001

ABA 34489850D Secretary of State

