## FOIOOOOSS697

TO: Registration Section Division of Corporations		
SUBJECT: Hansen Homes In	c Chisago	
	ation - must include suffix)	
Dear Sir or Madam:	500 <u>0</u> (	<b>046600750</b> 0/31/0101013001 *****70.00 ******70.00
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.		·
Please return all correspondence concerning this ma	atter to the following:	
Hanson Homes Inc	e of Person)  Misaso (Company)	
11595 Inter Jacken Rd		
Chisaso Cot, M	ddress) 65013	
(City/Sta	ite and Zip code)	
	se call:  1 ) 260 - 4817  ea Code & Daytime Telephone	FILED  01 0CI 30 AII I:  SECRETARY OF STATIALLAHASSIED FLORE Number FLORE Number FLORE
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	11/1
\$70.00 Filing Fee \$\times \text{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

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Hansen Homes Incorporated Chisago
(Name of corporation; must include the word "INCORPOR A TED" "COMPANY" "CORPOR A TEON"
words of applications of like import in language as will clearly indicate that it is a comparation instant and
mandat person of partnership it not so contained in the name at present.)
2. <u>Ma.</u> 3
(State of country under the law of which it is incorporated) (FEI number, if applicable)
4. 9-3-1991  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to evict or "recovery")
(~ manager, I am ooth, will cease to exist the ubitability).
6. UPON 909/1+ 180+1001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "unon quelification in
(SEE SECTIONS 607.1301, 607.1302 and 817.155, F.S.)
7. 11595 Interlaction Rd Chisaga City Mr. 55013  (Principal office address)
(Principal office address)
Some
(Current mailing address)
8. Residential Home Builder
(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: Marun Hanson
Office Address: 950 West Magnolia SS 3 7
Cleemont Florida 347// (City) Florida (Zip code)
$\frac{-C/4E/NO\sqrt{T}}{\text{(City)}}, \text{Florida} \frac{347/1}{\text{City}} \Rightarrow \frac{-1}{2}$
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
further agree to comply with the provisions of all statutes relative to the series agent and agree to act in this capacity. I
duties, and I am familiar with and accept the obligations of my position as registered agent.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors.
A. DIRECTORS
Chairman:
Address: 11595 Interlaphen Rd
Chisago City My 55013
Vice Chairman: MGRUGM. Hansen
1159= Enter boken Rd
Chisago City Mr. 55013
Director:
Address:
Address:
Director:
Address:
B. OFFICERS
President: Marin D. Hanson
Address: 11595 Intentanten Rd AM 2
Chisogo eity Ma 55013
Wise Providents
Address:
Maria M Harsa
Secretary: Treasurer: Marua M. Honsen  Address: 11595 Intor lacken Rd
A
Treasurer: Chisaga City Ma 55013
Address:
to the state of th
NOTE: If necessary, you may attach an addendam 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)
M . A Harrisa
14. Moevin D. Howson  (Typed or printed name and capacity of person signing application)

## state of Minnesota

## **SECRETARY OF STATE**

Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

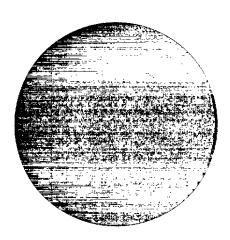
Name: HANSEN HOMES, Inc. Chisago

Date Formed: 09/03/1991

Chapter Governed By: 302A

This certificate has been issued on 10/23/01.

01 OCT 30 AM 1: 24
SECRETARY OF STATE
AND ANALYSEE FRODINA



Mary Kiffmeyer Secretary of State.