

FOI000005755

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

000004664190--8
-11/02/01--01041--002
*****87.50 *****87.50

SUBJECT:

PLANTATION HOMES, 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:

Steve DROWN

(Name of Person)

PLANTATION HOMES, INC.

(Firm/Company)

P.O. BOX 805

(Address)

Destin, FL

32540

(City/State and Zip code)

For further information concerning this matter, please call:

Steve DROWN

(Name of Person)

at

850-231-4038
228,324 0579

(Area Code & Daytime Telephone Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$76.80 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

with
11/6

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

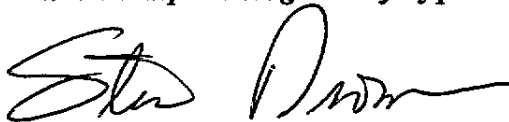
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PLANTATION HOMES, INCORPORATED
(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. MISSISSIPPI 3. 6408 44351
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 26, 1994 5. 99 YEARS
(Date 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. 15255 POOLE STREET, SUITE A, GULFPORT, MS 39503
(Principal office address)
P.O. BOX 10109, GULFPORT, MS 39504
(Current mailing address)
8. Home Construction & Development
(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: Steve Drown
Office Address: 41 TRANQUIL WAY
PANAMA CITY BEACH, Florida FL. 32413
(City) (Zip code)

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SECRETARY OF STATE
TREASURER, 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

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: Scott Drown

Address: P.O. Box 10109, Gulfport MS 39504 - MAILING ADD

OFFICE - 15255 Poole St., Suite A, Gulfport MS 39503

Director: _____

Address: _____

B. OFFICERS

President: Scott Drown

Address: P.O. Box 10109 GULFPORT MS. 39504 - MAILING ADD.

OFFICE - 15255 Poole St., Suite A GULFPORT MS 39503

Vice President: Scott Drown

Address: 11 Same AS ABOVE

Secretary: Scott Drown

Address: 11 Same AS ABOVE

Treasurer: Scott Drown

Address: 11 Same AS ABOVE

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

13. Scott Drown

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

State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 26, 1994 the state of Mississippi issued a Charter/Certificate of Authority to:

PLANTATION HOMES, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Incorporation, Dissolution or a Certificate of Withdrawal have not been filed. That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties for this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

FILED
01 NOV -2 PM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Given under my hand
and seal of office
October 30, 2001

Eric Clark

ERIC CLARK,
Secretary of State