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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 7, 2002

COLMAN CONNOLLU 21285 S BOSCHOME CIRCLE KILDEER, IL 60047

SUBJECT: QUALITY HOME BUILDERS, INC.

Ref. Number: W02000031982

We have received your document for QUALITY HOME BUILDERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 502A00060910

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

TRANSMITTAL LETTER

10: Registration Section Division of Corporations
SUBJECT: QUALITY HOME BUILDERS, 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:
(Name of Person) Ass En 8
QUALITY HOME BUILDERS INCAPE OF TO
21285 S. BOSCHOME CIRCLE MY 5
KILDER IL 60047 S
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (847) 550 - 1390 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: \$\Boxed{1}\$ \$70.00 Filing Fee \$78.75 Filing Fee \$78.75 Filing Fee \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status \$Certified Copy \$Certified Copy \te



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.

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. <u>TUINDIS</u> (State or country under the law of which it is incorporated) 3. <u>36-364889</u> (FEI number, if applicable)
4. MARCH 10 1989 (Date of incorporation) 5. PERPETUAL (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. 421 LANDMARK STREET MARCO ISLAND (Principal office address) 34145
21285 S. ROSCHOME CARCLE, KILDEER I
8. Home Bulbly Compose(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: COLMAN CONNOLIN
Office Address: 421 LANDMARK ST.
MARCD TSLAND, Florida 34145 (City) (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.

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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:		
A. DIRECTORS		
Chairman: COLMAN CONNOLLY		_
Address: 21285 S. BOSCHOME CIRCLI		
Vice Chairman: EVA CONNOLLY Address: 21285 5. BOSCHOME CIR		
Vice Chairman: EVA CONNOLLY		
Address: 21285 5. BOSCHDME CIR	CLE	
KILDEER, IL 60047		
Director:		
Address:	. .	
Director:		
Address:	TALL SO-SO	
	AT TOU	
B. OFFICERS	25 ARY ASSE	
President:		
Address:	25 AM B: 36 RY OF STAIL SSEE, FLORIDA	J
	DA DA	
Vice President:		
Address:		· =
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or dir	ectors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12	<u>emas</u>	:
(Signature of Charman, vice Charman, or any officer listed in number 12	or the applicat	uon)

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

> > Desse White