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#### TRANSMITTAL LETTER

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Dear S	ir or Madam:								
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Please	return all corre	espondence con	cerning this ma	tter to the fo	llowing:				
Mic	hael Free	eman				<u> </u>			
			(Name	of Person)				03	
Car	olina Ap	artment P	roducts,	Inc.			ALC:	ω 	
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### 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.	Carolina Apartment Products, Inc.	_
	(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. North Carolina 3. 13-4227599 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	March 26, 2003  (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.	1826 Boone Trail Road Sanford, North Carolina 27330	
	(Principal office address)	
	P.O. Box 3577 Sanford, North Carolina 27331	-4-4
	(Current mailing address)	20.734
8.	Provide Product & Service to Multi-Family Housing Industry	
	(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: Matt Marshall	
O:	Office Address: 11 N. Summerlin Avenue Suite 106	
	Orlando , Florida 32801 (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.

(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. DIREC	TORS
Chairman:	
Address:	
Vice Chairm	an:
Address:	
Director:	· · · · · · · · · · · · · · · · · · ·
Director:	
	VO ZO I
n oper	
B. OFFIC	
_	Michael Freeman
Address:	1159 Mabry Road Angier, North Carolina 27501
_	
	ent: Melvin E. Morris
Address: _	#6 Foxfire Ct. Greensboro, North Carolina 27410
_	<u>and the second </u>
Secretary:	Jeff Bostic
Address: _	8250 Royal St. George's Lane Duluth, Georgia 30097
Treasurer:	
Address: _	
NOTE: If	necessary, you may attach an addendum 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)
14	Michael Freeman, President (Typed or printed name and capacity of person signing application)



# State of North Carolina Department of The Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### CAROLINA APARTMENT PRODUCTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 27th day of March, 2003, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of April, 2003.

Colaine I. Marshall

Secretary of State

Certification Number: 6804964-1 Page: 1 of 1 Ref.# 5128227-db Verify this certificate online at www.secretary.state.nc.us/Verification.