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W03-17359



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STATE OF STATE

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 17, 2003

VAUGHN REEVES 2122 N. LAKEVIEW DR. SULLIVAN, IN 47882

SUBJECT: NORTHSTAR DEVELOPMENT CORPORATION

Ref. Number: W03000017359

We have received your document for NORTHSTAR DEVELOPMENT CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 203A00037355

TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations	MALLAHASSEE, FLORIDA					
SUBJECT: NORTHSTAR DEVELOPMENT CORPORATION						
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence", and check are submitted to register the above reference to transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
VAUGHN REEVES	ر میں ماہد اس میں ماہد اس اس کے سور ماہد اس					
(Name of Person)	<u> </u>					
NORTHSTAR DEVELOPMENT CORP						
(Firm/Company)						
2122 N LAKEVIEW DR	r to be a see					
(Address)						
SULLIVAN, IN 47882						
(City/State and Zip code)	- 12_4 .					
For further information concerning this matter, please call:						
SHERRY JAMES at (812_) 268-3121						
(Name of Person) (Area Code & Daytime Telephor	ne Number)					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following amount:						
★ \$70.00 Filing Fee	S87.50 Filing Fee, Certificate of Status & Certified Copy					

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03 JUL 30 AM 10: 07

SCHOOL AND OF STATE
FALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

				•		*
I, the undersigned	JESSY SO	DOOMHTUC			, do :	hereby certify
, are ancoronginos	***************************************	(Name)			* -
	•				•	
that this Resolution of th	e Board of Dire	ectors of NOI	RTHSTAR I	DEVELOF	MENT CO	RP
	. ;	•			,	
						
		(Corporate	Name)	•	•	•
a corporation duly organ	ized and existin	ng under the l	aws of the St	ate of	NDIANA	
was duly adopted on		•	JULY 1	<u> </u>	·	, 2003
Be it resolved, that	NORTHSTAR	DEVELOP	MENT CORI	PORATIO	NN	
		,	(Corporate		,	
organized and existing i	n the State of _	INDIAN		,	hereby ado	pts the name
NORTHSTAR MINI	STRIES CO	RP		•	for \	: ise in Florida.
	,				i •	
Dated: 07/21/03			•			
	Signature	of either Chair	thung rman, Vice Ch	airman or a	ny officer	
	JESS	SY SOUTH	·		· · · · · · · · · · · · · · · · · · ·	•
		Гур	e or print nam	e		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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

1. NORTHSTAR DEVELOPMENT CORPORATION SALLAHASSEF FLOR						
(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. INDIANA 3_ 30-0035215						
(State or country under the law of which it is incorporated) (FEI number, if applicable)						
4. 01/24/02 5. PERPETUAL						
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")						
6. 01/14/03						
(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. 2122 N LAKEVIEW DR SULLIVAN, IN 47882						
(Principal office address)						
2122 N LAKEVIEW DR SULLIVAN, IN 47882						
(Current mailing address)						
8. DEVELOPMENT & MANAGEMENT OF GROUP HOMES AND ASSISTED LIVING CENTERS (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: LARRY HOFFMAN						
Office Address: 233 W ARTEL RD						
EDGEWATER , Florida 32141 (City) (Zip code)						
(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. DIRECTORS	
Chairman:	<u> FILFÒ</u>
Address:	03 JUI 30 64 IO: 07
	THE HARRIST TO NOTE
Vice Chairman:	ALLAHASSEE, I LURID.
Address:	
Director:	
Address:	
Diverse	
Director:	
Address:	
B. OFFICERS	
President: VAUGHN A. REEVES, SR	
Address: 2122 N LAKEVIEW DR	
SULLIVAN, IN 47882	
Vice President: VAUGHN A. REEVES, JR, JONATHAN C. REEVES, JOS	· · · · · · · · · · · · · · · · · · ·
Address: 2122 N LAKEVIEW DR	
SULLIVAN, IN 47882	
Secretary: JESSY SOUTHWOOD	
Address: 2122 N. LAKEVIEW DR SULLIVAN, IN 47882	
Treasurer: KAYE WILLIAMS	
Address: 2122 N LAKEVIEW DR SULLIVAN, IN 47882	
NOTE: If necessary you may attach an addandum to the application listing additional of	Gaara and/an dinastana
NOTE: If necessary, you may attach an addendum to the application listing additional off	ncers and/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12	2 of the application)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(Typed or printed name and capacity of person signing application	n)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

FILED 03 JUL 30 AM 10: 07

SEUNLIANT UT STATE TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

NORTHSTAR DEVELOPMENT CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 25, 2002, and was in existence or authorized to transact business in the State of Indiana on May 20, 2003.

I further certify this Domestic Professional Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twentieth Day of May, 2003.

TODD ROKITA, Secretary of State

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