# F0400000393

| (Requestor's Name)                      |        |
|---|--------|
| (Address)                               | 10002  |
| (Address)                               |        |
| (City/State/Zip/Phone #)                |        |
| PICK-UP WAIT MAIL                       | U1/23) |
| (Business Entity Name)                  |        |
| (Document Number)                       |        |
| Certified Copies Certificates of Status |        |
| Special Instructions to Filing Officer: |        |
|   |        |
|   |        |
|   |        |



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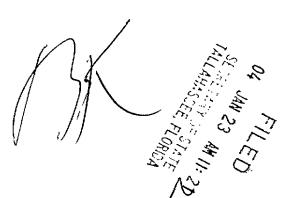


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| Sonstate Resease Requester's Name  Address  City/State/Zip Phone # | 154  | ON JAN 23 BA 11: 22  TALLAHIS STE FLORIUM |
|--|--|---|
|  | 0  | ffice Use Only                            |
| CORPORATION NAME(S) & DOCUM  | IENT NUMBER(S), (if ke   | own):                                     |
| 1. South (Corporation Name)  | Managem (Document &)   | ent Corp.                                 |
| 2. (Corporation Name)  | (Document #)   |   |
| 3. (Corporation Name)  | (Document #)   |   |
| 4. (Corporation Name)  | (Document #)   |   |
| Walk in Pick up time   |  | Certified Copy                            |
| Mail out Will wait   | Photocopy  | Certificate of Status                     |
| NEW FILINGS  | <u>AMENDMENTS</u>  |   |
| Profit Not for Profit Limited Liability Domestication Other        | Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger | d Agent                                   |
| OTHER FILINGS  | REGISTRATION/OUA   | LIFICATION                                |
| Annual Report Fictitious Name                                      | Foreign Limited Partnership Reinstatement Trademark Other                    |   |
|  |  | Examiner's Initials                       |

CR2E031(7/97)

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TR **BUSINESS IN FLORIDA**

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

| Southwind Management Corp. of South Care  |  |
|---|--|
| (If name unavailable in Florida, enter alternate corporate na   | ame adopted for the purpose of transacting business in Florida)  |
| South Carolina  | 3. <b>57-0951624</b>   |
| (State or country under the law of which it is incorporated)  | (FEI number, if applicable)  |
| March 27, 1992  | 5. Perpetual   |
| (Date of incorporation)   | (Duration: Year corp. will cease to exist or "perpetual")  |
| December 22, 2003   |  |
|   | s not transacted business in Florida, insert "upon qualification."<br>501, 607.1502 and 817.155, F.S.) |
| 51 South Atlantic Avenue, Ormond Beach, Flo   | orida 32176  |
| (Principal office a   | address)   |
| Post Office Box 6685, Hilton Head Island, Sout  | th Carolina 29938  |
| (Current mailing  | address)   |
|   |  |
|   |  |
| property management   |  |
| property management (Purpose(s) of corporation authorized in home state o   | or country to be carried out in state of Florida)  |
|   | •  |
| (Purpose(s) of corporation authorized in home state o   | •  |
| (Purpose(s) of corporation authorized in home state o  Name and street address of Florida registered agen  Name: Brian M. Jones, Esq. | nt: (P.O. Box or Mail Drop Box NOT acceptable)   |
| (Purpose(s) of corporation authorized in home state o   | nt: (P.O. Box or Mail Drop Box NOT acceptable)   |
| (Purpose(s) of corporation authorized in home state o  Name and street address of Florida registered agen  Name: Brian M. Jones, Esq. | nt: (P.O. Box or Mail Drop Box NOT acceptable)   |

Southwind Management Corp.

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:

(Typed or printed name and capacity of person signing application)

## The State of South Carolina



## Office of Secretary of State Mark Hammond Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

### SOUTHWIND MANAGEMENT CORP.,

a corporation duly organized under the laws of the State of South Carolina on **March 27th**, 1992, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 30th day of December, 2003.

Mark Hammond

Mark Hammond, Secretary of State