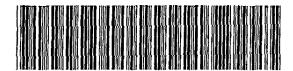
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DIVISION OF COURT OF 34

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	- <u>-</u> .		
SUBJECT: To C CUSTON CARPENTRY & REPRODUCTIONS 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:			
CAROL HOUSTON			
(Name of Person)			
T, C CUSTON CARPENTILY			
(Firm/Company)			
760 WIBGINS LAKE DRIVE 17205			
(Address)			
Wiggins Wice, PRESERUE NAPLES FL 34110 (City/State and Zip code)			
For further information concerning this matter, please call:	_		
CAROL HOW STON at (239) 598 3313 (Name of Person) (Area Code & Daytime Telephone Number)			
2	n		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: PARTITION MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	FIGHT OF STATE		
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\$70.00 Filing Fee \$78.75 Filing Fee \$ \$78.75 Filing Fee \$ \$78.75 Filing Fee \$ Certificate of Status \$ Certified Copy \$ Certified Copy	<u></u>		

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. To C CUST ON CARPENTRY & REPRODUCTIONS INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
T, C CUSTON CARPENTRY INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>GEORGIO</u> 3. <u>58-243-2125</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-23-1998 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALFICATION (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. 5/15 Ridge Rd DougLASVILLE GA 30134 (Principal office address)
760 Wiggins Laise Daive #205 NAPIES FL 34/10 (Current mailing address)
8. RESIDENTIAL GNSTRUCTION LAPROVENENT (Purpose(s) of corporation authorized in home state or country to be capfied out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: T. HOUSTON
Office Address: 760 Wiggins have DR #205
City) Florida 34110
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. 19 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: Address: ____ Vice Chairman: _ Address: _ Director: Address: Director: Address: **B. OFFICERS** CAROL President: Ridge Rd Address: DONGIASUICLE GA 30134 Houston Vice President: __ Kidge Rd Address: Dongersville GA 30134 Houston Secretary: Ridge Rd Doughysulle GA 30134 Address: Houston Treasurer: 15105 AD alluz AN PUICL Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) tresid (Typed or printed name and capacity of person signing application)

Secretary of State Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : K907133
DATE INC/AUTH/FILED: 12/23/1998
JURISDICTION : GEORGIA
PRINT DATE : 05/14/2004
FORM NUMBER : 211

T & C CUSTOM CARPENTRY CAROL HOUSTON 5515 RIDGE ROAD DOUGLASVILLE, GA 30134

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

CUSTOM, CARPENTRY & REPRODUCTIONS, INC.

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated ()

Said entity was formed in the jurisdiction stated above for was authorized to transact business in Georgia on the labove date and has not filed articles of dissolution, certificate of Cancellation of any other similar document with the Office of the Secretary of State.

This certificate relates only to the least existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia kicktronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State