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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
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Special Instructions to Filing Officer:	

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24 ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: LO	GIC HOMES (Name of corpor	, INC				
	(Name of corpor	ration - must include suffix)				
Dear Sir or Madam:						
	tion by Foreign Corporation e," and check are submitted rida.					
Please return all corres	pondence concerning this ma	atter to the following:				
CCINTON	E HUTCHER	PAFT	<u> </u>			
	(Nam	e of Person)				
LOGIC H	mes, Euc.					
	(Firm	/Company)	26			
6471 B	Echwood A	ienue 30	0/			
	(A	Address)	. J. K.			
BARASOL	2, Florida	34231	ORIG			
	(City/St	ate and Zip code)	75			
For further information concerning this matter, please call: MICHBEL SALEXANDIRAL (165 189 9122 (Name of Person) (Area Code & Daytime Telephone Number)						
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Lifetosed is a cheek for	the following autoure.		1/			
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy			

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.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2 INDIANA 3 20-1778767
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 21, 2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.5725 ASHTON WAY, SARASOTA, FLORIDA 34231 (Principal office address) 6471 Beschwood AUE., UNIT301, SARASOTA, FL 34231
(Principal office address)
6471 Deschwood HUE., UNIT 301, SARAGOTA, FL 34231 (Current mailing address)
· · · · · · · · · · · · · · · · · · ·
8.ACC CAWFUL PURPOSES
(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 NOT acceptable)
Name: CUNTON E. HUTCHCRAFT
Office Address: 6471 BEECHWOOD AVE., 301
BARASOTA, FL 3423/, Florida
(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 ligent'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: KAChelle C.	SHURE'	·	<u> </u>	
Address: <u>5725 AShtt</u>	on WAY			
SARAGOTA,	FL 34231			20
Vice Chairman:				On K
Address:			4/6	
			, Salar Sala	Sign 34
Director:				1. W. C.
Address:			managan kan di	000
Director:				
Address:				
B. OFFICERS			· · · · · · · · · · · · · · · · · · ·	
President:				
Address:				
			<u>,</u> ,	
Vice President: RACheck C. Sh	l IPA	<u> </u>		
Address: 5725 AShton	11191			
BARABOTA, FL	2/1201			
Secretary:				
Address:				
Treasurer:				
Address:				
				<u></u>
NOTE: If necessary, you may attach an ad	ldendum to the application lis	sting additional offic	ers and/or director	s.
13/ COCHELLY TO THESE	or or Officer listed in number	10 64 11		
,	or Officer listed in number	1 1	n) ice PresiDe	114
	name and capacity of person		<u>ce peope</u>	<u>~1</u>

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

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

LOGIC HOMES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 21, 2004, and was in existence or authorized to transact business in the State of Indiana on October 24, 2004.

I further certify this For-Profit Domestic 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 Twenty-Fourth Day of October, 2004.

TODD ROKITA, Secretary of State

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