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		Took No.	15 A 11: 22
	(Requestor's Name)	1	
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	(City/State/Zip/Phone #	9)	
PICK-UI	P WAIT	MAIL	
<u></u>	(Business Entity Name)	
	(Document Number)		
Certified Copies	Certificates o	f Status	
Special Instruction	s to Filing Officer:		
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Office Use Only



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10/07/04--01027--011 **87.50

TRANSMITTAL LETTER

FILED

TO: Registration Section Division of Corporations		15 A 11: 22
SUBJECT: $4 M)$	poration - must include suffi	Ixe Tills
(Name of corp	poration - must include suffi	ix)
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" (Certificate of Existence," and check are submitted transact business in Florida.		
Please return all correspondence concerning this	matter to the following:	
, , , , , , , , , , , , , , , , , , ,	1	
(Na	AAN/ ame of Person)	
	GES INC	
/T:	(10	
3025 PAYN	sc Place	
The Villag	es EL	32167
(City/	State and Zip code)	
For further information concerning this matter, pl	lease call:	
L:11:00 B 760 3	Ca 100 71	01
(Name of Person) at (3)	Area Code & Daytime Teles	nhane Number)
(, , , , , , , , , , , , , , , , , , ,	. How code to pay time total	phone (tunden)
STREET ADDRESS:		ADDRESS:
Registration Section Division of Corporations	Registration Division of	n Section Corporations
409 E. Gaines St. P.O. Box 6327		-
Tallahassee, FL 32399	Tallahassee	, FL 32314
Enclosed is a check for the following amount:		
☐ \$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 Conv





FLORIDA DEPARTMENT OF STATE AND 15 A 11: 22 Glenda E. Hood Secretary of State

October 11, 2004

LILLIAN B. ZDAN 3025 PANES PLACE THE VILLAGES,

SUBJECT: L & M VILLAGES, INC. Ref. Number: W04000037417

We have received your document for L & M VILLAGES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 904A00058670

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.
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. LAM VILLAGES IN THE STATE OF FLORIDA. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
me, co, cop, me, co, or corp.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>GEORGIA</u> 3. <u>58 - 246 4 9 766</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/4/01 5. PELPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. BUSINESS NOT YET TRANSACTED
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3025 Pay NES PLACE The V. MAGES, FL 32162 (Principal Office address)
(Principal office address)
SAME AS ABOVE
(Current mailing address)
8. Per formation 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: Lillian B. Zdand
Name: Lillian B. Zdani Office Address: 3025 PAY NES PLACE
Office Address. See See See See See See See See See Se
The $\sqrt{114985}$, Florida 32162 (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.
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti
and I am familiar with and accept the obligations of my position as registered agent.

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.

(Registered agent's signature)/

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: _ Address: ___ Vice Chairman: _____ Address: ___ Address: Director: Address: ___ **B. OFFICERS** President: hill AN PAUNES PLACE FL 32162 Vice President: The YILLAGES FL 32162. Address: 3025 PAYNES PLACE Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Dipector or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application) F. G. ZDAN, VILE RESIDENT

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. PRINT DATE FORM NUMBER Atlanta, Georgia 30334-1530

DOCKET NUMBER : 043090922 CONTROL NUMBER : 0152883 DATE INC/AUTH/FILED: 12/06/2001 JURISDICTION : GEORGIA : 11/04/2004

: 211

LILLIAN B. ZDAN L & M VILLAGES, INC. 3025 PAYNES PLACE THE VILLAGES, FL 32162

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

L & M - VILLAGES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. 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 certificate is issued pursuant to 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.



Cathy Cox