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(Ad	ddress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Do	ocument Number)
Certified Copies	_ Certificates of Status
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Office Use Only



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CORPORATE	\$0 8g m
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	venue . Tallaliassee, Florida 32303
INC. P.O. Box 37066 (32315-7066)	~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
PICK UP 3	KIN 17/05 Kluda
CERTIFIED COPY	cus
rnoro cory	Line Forcion
1.) CREEN Phino Constant (CORPORATE NAME & DOCUMENT 1/1)	etion, Inc.
2.)(CORPORATE NAME & DOCUMENT #)	
(CORPORATE NAME & DOCUMENT #)	
(CORPORATE NAME & DOCUMENT#)	
5.) (CORPORATE NAME & DOCUMENT #)	
SPECIAL INSTRUCTIONS	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

BUSINESS IN FLORIDA
BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Creen 72HINO CONSTRUCTION INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")
GR.C. INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. TUTION 3. TAXED# 200 7 39 16 9 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/27/03 5. PER DetuA (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Usin Qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2854 E. County Hwy 17 Avon, IC 6/45
(Principal office address)
EANe
(Current mailing address)
8. Questro alternation authorized in home state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida)
29. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CORPORATE Access, Inc.
Name: CORPORATE Access, Inc. Office Address: 236 E. Coth Ave
Tallahassee Florida 32303
(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.

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:

8502221666

A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
Auditod.			
B. OFFICERS			
President:			
Address:			
Vice President:			
Address:			
A.100.10			
Secretary: ANOREL CHATTERTON			
Address: 2854 & Co Hay 17 Avon 14 61415			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
13. Clyt			
(Signature of Director or Officer listed in number 12 of the application)			

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

FEBRUARY

A.D.

14TH

2005

Desse White

SECRETARY OF STATE