F05000002575

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

Office Use Only



14/26/05--D1006--008 **87.50



CAPITAL CONNECTION, INC.

417 E. Vifginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		至 72
Wolford Re	etail Builders, Inc.	ATTESEE FLORIDA
		Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File
		Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy
		Photo Copy
Signature		Fictitious Search Fictitious Owner Search Vehicle Search Driving Record
Name Walk-In	Date Time Will Pick Up	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 27, 2005

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: WOLFORD RETAIL BUILDERS INC.

Ref. Number: W05000021155

We have received your document for WOLFORD RETAIL BUILDERS INC. and the authorization to debit your account in the amount of \$87.50. However, the document has not been filed and is being returned for the following:

Please note that we have RETAINED your \$87.50 payment.

A "purpose" for the corporation must be listed in Item 8.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 605A00029026

RE-SUBTAIN THE ORIGINAL FILE DATE

Division of Companytions BO BOY 6227 Wellshamme Florida 20214

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 607. ISUS. FLORIDA STATUTES. THE FOLLOWING IS SUFMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
WOLFORD RETAIL BUILDERS INCOME
(Name of corporation; must include the word "INCORFORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. <u>TLCINOIS</u> 3. <u>20-2389483</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 14. 2005 S. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist of "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florids. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and \$17.155, F.S.)
1 102 S. WHEELING Rol. PROSPECT HIS. IL
(Principal office address) 60070
(Current muiting address)
8. General Contractor (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 or Mail Drop Box NOT acceptable) Name: IICh Wolford
Office Address: 345 BAYSHORE Blue #305 THANPA, FL . Florida 33606 (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

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)

duties, and I am familiar with and accept the obligations of my position as registered agent.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: Vice Chairman; Address: __ Director: Address: _ Director. Address: _ B. OFFICERS Vice President: Address: _ Secretary: _ Address: _ Treasurer: _____ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Suprature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) EFFREY WOLFORD PRESIDENT

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

File Number

6411-132-9



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

APRIL

A.D.

2005

Desse White