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CAPITAL CONNECTION, INC.

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

Lovley Development Signature Requested by: Name

Will Pick Up

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THE SECRETARIES

Art of Inc. File	
LTD Partnership File	
Foreign Corp. File	= *
L.C. File	25 E 25 E
Fictitious Name File	
Trade/Service Mark	
Merger File	
Art. of Amend. File	•
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Dissolution / Withdrawal	
Annual Report / Reinstatement	
Cert. Copy	अस्यम् (१७)
Photo Copy	-
Certificate of Good Standing	
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Certificate of Fictitious Name	
Corp Record Search	
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
N 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. Connecticut 3. O(6-1402500 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 31 1991 5. PERPE tual (Data of incorporation) 5. Puration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
5-6-05
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 710 MAIN STREET SuitE 11, Plantsville, CT 06479 (Principal office address)
P.O. Box 772, Southington, CT 06489 (Current mailing address)
8. REAL ESTATE INVESTMENT (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: Stephanie A. Reinicke Office Address: 1800 200 St., Suite 803
SARASOTA, Florida 34236 (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. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutie, 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: _ Director: mark D. Louley Address: ___ Director: Address: _ **B. OFFICERS** President: Mark D. Lovley Address: _ Vice President: Address: _ Address: ___ NOTE: If necessary, you may affach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

LOVLEY DEVELOPMENT, INC.

incorporated under the laws of Connecticut is in existence.

Secretary of the State

61-66

Date Issued: April 26, 2005