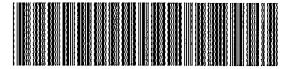
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SECRETARY OF STATE

TAIL AREASE FI TAILS

(05,04)

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EAGLE PROPERTIE	S, INC			
	Name of corporation	- must include suffix)		
Dear Sir or Madam:		•		
The enclosed "Application by Fore "Certificate of Existence," and chee transact business in Florida.				
Please return all correspondence co	ncerning this matter to	the following:		
BRUCE M RACKOUSKI			an Angli ar an at a second	
	(Name of P	erson)		
EAGLE PROPERTIES, INC.			<u> </u>	
	(Firm/Com	oany)		
1820 RIDGE ROAD SUITE 217	_	Serve and the same		
	(Addres	s)		
HOMEWOOD, IL. 60430	and the second second	en de la companya de La companya de la co		
	(City/State and	d Zip code)		
For further information concerning	this matter, please cal	t :		2005 NOV -3 PM 2: SECRETARY OF STATALLAHASSEE, FLOR
BARBARA A. CROUCH	at (708	206-0496		SSEAN -3
(Name of Person)	(Area Co	de & Daytime Telepho	one Number)	V-3 PH 2: VARY OF STA
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the followi	ng amount:	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	DDRESS: ection proprations	. 54 NTE NDA
☐ \$70.00 Filing Fee ☐ \$78.7	Filing Fee & 🔘	\$78.75 Filing Fee & Certified Copy		Status &

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2005

BRUCE M. RACKOUSKI 1820 RIDGE ROAD, STE. 217 HOMEWOOD, IL 60430

SUBJECT: EAGLE PROPERTIES, INC.

Ref. Number: W05000039264

We have received your document for EAGLE PROPERTIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 ASS 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.

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

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 505A00052881



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 27, 2005

BRUCE M. RACKOUSKI 1820 RIDGE ROAD, STE. 217 HOMEWOOD, IL 60430

SUBJECT: EAGLE PROPERTIES, INC.

Ref. Number: W05000039264

We have received your document for EAGLE PROPERTIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The alternate name you have selected is also not available.

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) 245-6917.

Gretchen Harvey Document Specialist Supervisor

Letter Number: 205A00058795

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.

1. EAGLE PROP	ERTIES, INC.	•				
	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	PORATED	" "COMPANY," "CORPORATION,"			
GREAT AMER		Bro	ice Michael Homes, Inc	<u>د</u>	_	
(If name unavail	able in Florida, enter alternate cor	porate name	adopted for the purpose of transacting business	in Florida)		
2. ILLINOIS		3.	36-3557248			
(State or country	under the law of which it is incorp	porated)	(FEI number, if applicable)			
4. 12/29/1987		 5.	PERPETUAL			
(Date	of incorporation)	,-,-	(Duration: Year corp. will cease to exist or "	perpetual")		•
6						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7. 1820 RIDGE R	OAD SUITE 217 HOMEWOOD	, IL 60430			-	
	(Princip	al office add	ress)			
1820 RIDGE R	OAD SUITE 217 HOMEWOOD					
	(Current	mailing add	lress)	SEC	2001	
·	ON & REAL ESTATE DEVELO			AHA.	2005 NOV -3 PM	. 1
(Purpose(s	s) of corporation authorized in hor	ne state or c	ountry to be carried out in state of Florida)	.RY SSE	ಒ	_
9. Name and street	et address of Florida registered	agent: (P.0	D. Box NOT acceptable)	of s		
Name:	DENNIS JOHNSON		<u></u>	SEA.	$\ddot{5}$	
Office Address:	8252 WILTSHIRE DRIVE	<u> </u>	e de la companya della companya dell	N A	5 4 .	
	PORT CHARLOTTE		, Florida 33981			
	(City)	*	(Zip code)	-	.,	
Having been nan designated in this further agree to c	application, I hereby accept to	he appoint Il statutes i	ice of process for the above stated corporativent as registered agent and agree to act in relative to the proper and complete perform sition as registered agent.	n this capaci	ity. I	-
_	Registered agent	's cionature	}			

- 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:		<u> </u>	<u>. </u>
Address:			
	- -		÷.
Vice Chairman:	- # ·		
Address:			
		g≥ = ==	
Director:			
Address:		<u>, , , , , , , , , , , , , , , , , , , </u>	
	*		<u> </u>
Director:	<u>.</u>	1	<u> </u>
Address:			<u> </u>
B. OFFICERS			
DDUCE M DACKOHOKI		<u></u>	* € :
4000 DIDOS DOAD			
HOMEMOOD II 60430			SECR
<u>ئىرى يىدە ئىرلى ئادىنىڭ يىسى بىر ئىسى بىر ئىسى بىر ئىرى ئىسى بىر ئىسى بىرى بىرى بىرى بىرى بىرى بىرى بىرى ب</u>			AFETA AS
Vice President:	· <u>• • · · · · · · · · · · · · · · · · ·</u>	<u> </u>	- SR
Address:	<u> </u>	The second secon	
		· ·	
Secretary: BARBARA A CROUCH		e <u>sant jiri</u>	DA
Address: 1820 RIDGE ROAD HOMEWOOD, IL. 60430			
Treasurer: BARBARA A CROUCH	<u> </u>		<u>-</u> <u>-</u> <u>-</u> <u>r_</u>
Address: 1820 RIDGE ROAD HOMEWOOD, IL. 60430			
	- · · - · -	<u> </u>	<u> </u>
NOTE: If necessary, you may attach an addendum to t	he application list	ing additional officers a	nd/or directors.
13 Salbara a Crouc	4		
(Signature of Director or Officer	listed in number	12 of the application)	
14. Barbara, A. Crouch		<u> </u>	<u> </u>
(Typed or printed name and car	pacity of person s	igning application)	

File Number

5491-486-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this
day of SEPTEMBER A.D. 2005.

Desse White