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Law Office of Gary P. Howayeck

10 Purchase Street Fall River, Massachusetts 02720 Telephone: 508-676-6666 Facsimile: 508-674-3610

Friday, December 23, 2005

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Lewis Home Improvement Company

Dear Madam/Sir:

Please find enclosed for filing:

- 1. Cover Letter;
- 2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
- 3. Legal Existence Certificate from the Corporation Division of Massachusetts; and
- 4. A check in the amount of \$70.00.

Please file the enclosed as soon as possible as the above corporation would like to conduct business in Florida.

Very Truly Yours

Gary P. Howayeck, Esq.

Enclosures

COVER LETTER

TO:	Registration Section Division of Corpora							
SUBJ	•		Home	Tmanivemen	A Cor	nany		
SUDJ	EC1:	(Name of	corporation	Improve men	ix)	7	<u>-</u> -	•
Dear S	ir or Madam:							
Dear D	n or wagant.							
"Certif	closed "Application b icate of Existence," a t business in Florida.							
Please	return all corresponde			o the following: Howay ec Person) Howay eck pany)	k Eso.	·		
		<i>\(\)</i>	(Name of F	Person)	_			
		Gary	P.	Howayak	PC			
			(Firm/Com	pany)				
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For fur	ther information conc	erning this matter	r, please cal	H:			06 JAN -3	1200 1503 1503 1503
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(Name of Person) at (508) 676-666 (Area Code & Daytime Telephone Number)								22
	(Name of Person)		(Area Co	ode & Daytime Tele	phone Number	er)	PM 3: 50	TOF STATE
	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions ter Circle		Registration Division of P.O. Box 6	Corporations		50	SNOI
Enclos	ed is a check for the fe	ollowing amount:						
Ø \$70	.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	Certi	0 Filing Fe ificate of St ified Copy		&

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. Lewis Home Improvement Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Lewis Home Development Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. MA

(State or country under the law of which it is incorporated)

4. 9-28-05

(Date of incorporation)

(Date of incorporation)

3. (FEI number, if applicable)

Perpetual

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Port St. Lucie Blud.

(Principal office address)

Port St. Lucie FC 34984

(Current mailing address) 8. Real Estate Improvement

(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) Larry Lewis

SZ5 Port St. Lucie

Port St. Lucie, Florida 34984

(City) (Zip code) Name: Office Address:

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.

(Registered agent's signature)

- 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. DIRE		
	Deborah A. Vaillancourt	
Address:	47 Summerfield Street	
_	FAIL River, MA 02720	
	man: None	
~		
Director: _	Share	<u>S</u>
	JAN.	22
_	င်္သ	25. 13.55 13
Director: _	<u> </u>	\$50. \$0.00 \$0.00 \$0.00
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Address: _	Deborah A. Vaillancourt 47 Summerfield Street FAIL River, MA 02720	
	dent:	
Address: _		
– Secretary:	Deborah A. Vaillancourt	
Treasurer:	Deborah A. Vaillancourt	
Address: _	47 Smmerfield Street Fall Kir, MA 02720	
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	
	\mathcal{P}_{i}	
14	(Typed or printed name and capacity of person signing application)	
Address: B. OFFICE President: Address: Vice President: Address: Secretary: Address: Treasurer: Address: Treasurer: Address:	Deborah A. Vaillancourt 47 Summerfield Street FALL River, MA 02720 dent: Deborah A. Vaillancourt 47 Summerfield Street, Fall River, IMA 02720 Deborah A. Vaillancourt 47 Summerfield Street Fall River, IMA 02720 Deborah A. Vaillancourt 47 Summerfield Street Fall River, MA 02720 finecessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Fres, dent	



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

William Francis Galvin Secretary of the Commonwealth

December 23, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that

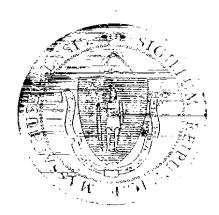
LEWIS HOME IMPROVEMENT COMPANY

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on September 28, 2005.

I also certify that so far as appears of record here, said corporation still has legal existence.

SECRETARY OF STATE DIVISION OF CORPORATIONS

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In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth