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Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**SPECIALTY BUILDERS, INC.**

Certificate of Status	0
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11/7/2006

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SPECIALTY BUILDERS, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LEAH HARN

(Name of Person)

CHECK MATE

(Firm/Company)

4411 BEE RIDGE ROAD #257

(Address)

SARASOTA, FL 34233

(City/State and Zip code)

For further information concerning this matter, please call:

LEAH HARN

(Name of Person)

at ( 941 ) 922-2801

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified 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.

**1. SPECIALTY BUILDERS, INC.**

(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. NORTH DAKOTA**

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

**3. 80-0050516**

(FEI number, if applicable)

**4. JULY 10, 2002**

(Date of incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. UPON QUALIFICATION**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 405 DAKOTA AVENUE WAHPETON, ND 58075**

(Principal office address)

**P.O. BOX 634 WAHPETON, ND 58075**

(Current mailing address)

**8. ANY AND ALL LAWFUL BUSINESS**

(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: **NICHOLAS JAMES SWAN**

Office Address: **1664 CHAMPAGNE AVENUE**

**GULF BREEZE**

(City)


, Florida **32563**

(Zip code)

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TALLAHASSEE, FLORIDA

**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. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: NICHOLAS JAMES SWANAddress: 1664 CHAMPAGNE AVENUEGULF BREEZE, FL 32563Vice President: FRANK BARTONAddress: 3644 230TH AVENUEBRECKENRIDGE, MN 56520Secretary: CARLA THIELEAddress: 3644 230TH AVENUE BRECKENRIDGE, MN 56520Treasurer: CARLA THIELEAddress: 3644 230TH AVENUE BRECKENRIDGE, MN 56520

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. NICHOLAS JAMES SWAN, PRESIDENT

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

Oct-31-06 18:21am From:ND SECRETARY OF STATE

701-894-4214

T-876 P.01/05 F-322

# ***State of North Dakota***

## **SECRETARY OF STATE**



### **CERTIFICATE OF GOOD STANDING OF**

#### **SPECIALTY BUILDERS, INC.**

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that **SPECIALTY BUILDERS, INC.**, a North Dakota **BUSINESS CORPORATION**, was incorporated in this office on July 10, 2002 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota **BUSINESS CORPORATION**.

**ACCORDINGLY** the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

#### **SPECIALTY BUILDERS, INC.**

Issued: October 31, 2006

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

**Alvin A. Jaeger**  
Secretary of State