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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Name))
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL AHASSEE FLORID

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT:CCI BUILDERS & DEVELOPERS, 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:				
JOHN A. SHANE				
(Name of Person)				
CCI BUILDERS & DEVELOPERS, INC.				
(Firm/Company)				
301 GRANT STREET				
(Address) EAST ROCHESTER, NY 14445				
(City/State and Zip code) For further information concerning this matter, please call:				
JOHN A. SHANE at (585) 218-9780				
(Name of Person) (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 \$\$2.75 Filing Fee \$\$2.75 Filing Fee \$2.75 Filing Fee \$2				

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.	CCI BUILDERS & DEVELOPERS, 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						
٠.	NEW YORK (State or country under the law of which it is incorporated) 3. 20-0833475 (FEI number, if applicable)					
4.	1/22/02 5. "perpetual"					
6.	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") NONE					
υ.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
7	301 GRANT STREET; EAST ROCHESTER, NY 14445					
SAME AS ABOVE (Principal office address)						
	(Current mailing address)					
8.	GENERAL CONSTRUCTION 70 2					
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)	and and				
9.	. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	3 8				
	Nome: JOHN A. SHANE	m				
o	Office Address: 486 PRINCETON PLACE PART 2	Comment of the last				
	Florida 52102					
	(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 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: _JOHN A. SHANE 486 PRINCETON PLACE Address: LADY LAKE, FL 2162 Vice Chairman: Address: Director: Address: _____ Director: ___ Address: _ B. OFFICERS President: BRIAN R. BEACHNER 6074 LILLYPOND WAY Address: __ ONTARIO, NY 14519 Vice President: Address: Secretary: Address: __ Treasurer: Address: ______ NOTE: If necessary, 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) (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CCI BUILDERS & DEVELOPERS, INC. was filed on 01/22/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 25th day of October two thousand and six.

Special Deputy Secretary of State

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