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(Requ	uestor's Name)	
(Address)		
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(Address)		
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CAPPAERT MA	NUFACTURED HOUSING MIC
	ration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
(Name	e of Person)
LAPPARAT MPD ADV	ING ING
6200 Hwy 615	(Company)
CAPPARIT MFD HOW (Firm 6200 HWY 615 (City/Str	Address) . 39180
(City/Sta	ate and Zip code)
For further information concerning this matter, plea	se call:
Ton Chad at (6E	1,636-5401
(Name of Person) (Ar	rea 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 & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2007

TOM CHADY 7 6200 HWY 61 S VICKSBURG, MS 39180

SUBJECT: CAPPAERT MANUFACTURED HOUSING, INC.

Ref. Number: W07000047510

We have received your document for CAPPAERT MANUFACTURED HOUSING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The name of the officer/director listed on line 13, also has to be typed or printed on line 14.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Document Specialist New Filing Section

Letter Number: 407A00056267

09/21/2007 13:38 FAX 6016360070

Cappaert Housing

图 002/002

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. MANUFACTURED (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "Inc.," "Co.," "Com," "Inc." "Co," or "Com.") Of name unovailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida (State or country under the law of which it is incorporated) (Duration: Year corp. will seate to exist or "purper (Date of incomparation) Bati I (Date first frantacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 507,1502, F.S., to determine penalty liability) (Purpose(s) of corporation antionized in home state or country to be carried and in state of 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Florida 10. Registered agent's acceptance: Having been named as registered agent and to occups 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 copacity. 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 decept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly ambandicated, not more than 90 days prior to delivery ut mis 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.

	FILED
12. Names and business addresses of officers and/or directors:	07 OCT 19 PH 2:54
A. DIRECTORS	
Chairman: Michael. L. Cappaint	SECHETARY OF STATE TALLAHASSEE, FLORIDA
Address: 3211 FN DrANG ACE	30111973
Vicksbury, Ms. 39180	
Vice Chairman: Thomas F. Chasy	
Address: 159 Red Bown Rd	
VICKBBURG MG. 3918D	
Director	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Hichael L. Cappaent	·
Address:	
Vice President: BARBARA DIANE WRIENE	
Address: \$1 CLAPTON DR	
Vicasburg, Ms. 39180	
Secretary: Thomas F. Chals	
Address: SAME AS ABOVE	
Treasurer: Thamas F. Chasy	
Address: DAME AS ABOYL	
NOTE: If necessary, you may attach an addendum to the application listing addit	tional officers and/or directors.
13. Complying of Dispeter of Office Stated in symbol 13 of the	V
(Signature of Director or Officer listed in number 12 of the	- 9.
(Typed or printed name and capacity of person signing ap	DOMAS F. Chady OPHICATION SEYTREASURER

State of Mississippi FILED

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi Office of the Secretary of State SECHETARY OF STATE FALLAHASSEE, FLORIDA

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on June 5, 1987, the State of Mississippi issued a Charter/Certificate of Authority to:

CAPPAERT MANUFACTURED HOUSING, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

SEY OF MESS

Given under my hand and seal of office October 8, 2007

rie Clark

ERIC CLARK Secretary of State

Certification Number: 9470240-1 Page 1 of 1 Reference; DP Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify