

F15000004331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

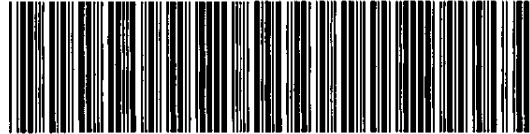
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Angela Woodworth **GAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT** date  
**DATE** 9/30/15  
**DOC. EXAM** JH

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09/25/15--01022--023 \*\*87.50

2015 SEP 30 PM 4:55  
OFFICE OF THE  
TALLAHASSEE FLORIDA

SEP 30 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Butler Mobile Home and Modular Construction, 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," or "Certificate of Good Standing" 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:

Angela Woodworth

Name of Person

Butler Mobile Home and Modular Construction, Inc,

Firm/Company

117 Meadows Rd.

Address

Interlachen, FL 32148

City/State and Zip code

Butlermobilehomeservices@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Woodworth

386

213-0663

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2015

ANGELA WOODWORTH  
117 MEADOWS RD  
INTERLACHEN, FL 32148

SUBJECT: BUTLER MOBILE HOME AND MODULAR CONSTRUCTION INC.  
Ref. Number: W15000064806

We have received your document for BUTLER MOBILE HOME AND MODULAR CONSTRUCTION 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 entity's date of incorporation/organization must be listed in the document.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 315A00020575

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2015 SEP 30 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
15 SEP 30 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.*

Butler Mobile Home and Modular Construction Inc

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Butler Mobile Home Services Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

North Dakota

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/28/14 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

1940 S Broadway, #410, Minot, ND 58701

7. \_\_\_\_\_  
(Principal office address)

117 Meadows Rd, Interlachen, FL 32148

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Angela Woodworth

Office Address: 117 Meadows Rd  
Interlachen, Florida 32148  
(City) (Zip code)

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TALLAHASSEE FLORIDA

**9. 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.*

Angela Woodworth

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Thomas E. Butler, II

Address: 1940 S. Broadway #410  
Minot, ND 32148

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Thomas E. Butler, II

Address: 1940 S. Broadway #410  
Minot, ND 32148

Vice President: Thomas E. Butler, II

Address: 1940 S. Broadway #410  
Minot, ND 32148

Secretary: Thomas E. Butler, II

Address: 1940 S. Broadway #410 Minot, ND 32148

Treasurer: Thomas E. Butler, II

Address: 1940 S. Broadway #410 Minot, ND 32148

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

12. Thomas E. Butler, II  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. \_\_\_\_\_

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

# *State of North Dakota*

## SECRETARY OF STATE



### CERTIFICATE OF GOOD STANDING OF

BUTLER MOBILE HOME AND MODULAR CONSTRUCTION INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that BUTLER MOBILE HOME AND MODULAR CONSTRUCTION INC. , a North Dakota BUSINESS CORPORATION, was incorporated in this office on August 28, 2014 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

BUTLER MOBILE HOME AND MODULAR CONSTRUCTION INC.

Issued: September 17, 2015

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

Alvin A. Jaeger  
Secretary of State