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COVER LETTER

TO:	Registration Section Division of Corporation					
	-	s Incorporated				
SUBJ	ECT:					
		Name of corpora	tion - m	ust include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact bu	Standing	g" and check are sul		
Please Gina C		dence concerning this m	atter to t	he following:		
		Name	of Pers	on		
Design	Homes Incorporated				لشء	
		T:/	<u> </u>		- 12 co	
Firm/Company 600 N Marquette Road					777 77 7	
				 	251	20 *****
Prairie du Chien, WI. 53821						
Trante	du Cincii, W1. 55821				Manner	TO II
		City/Sta	ite and Z	ip code	유당	řija 🔾
gcrube	l@mhtc.net					5.9
		E-mail address: (to be us	sed for fi	uture annual report	notification)	.+
For fu	rther information cor	scerning this matter, plea	ase call:			
Gina Crubel		608	. 3	326-6041 Extension 146		
	Name of Person	at (at () _ Codc	Daytime Telep	hone 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		
Enclos	ed is a check for the	following amount:				
23 \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & rtified Copy	S87.50 Fil Certificate Certified	e of Status &

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. Design Homes Inc 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Design Homes of Florida Company (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Wisconsin 39-1081838 2, (FEI number, if applicable) (State or country under the law of which it is incorporated) December 16, 1966 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 600 N Marquette Road, Prairie du Chien, WI. 53821 (Principal office address) P.O. Box 239 Prairie du Chien, WI. 53821 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT_acceptable) Franklin Weeks Name: 14 Park Avenue Office Address: Vero Beach (City) (Zip code) 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. (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 Randolph Weeks Chairman: 34976 State Highway 27, Prairie du Chien, WI 53821 Jeffrey Irvine Vice Chairman: 7028 Highway K, Chippewa Falls, WI 54729 Address: Shelly Weeks Director: 34976 State Highway 27, Prairie du Chien, WJ. 53821 Address: Lori Irvine Director: 7028 Highway K, Chippewa Falls, WI.54729 Address: **B. OFFICERS** Randolph Weeks President: 34976 State Highway 27 Address: Prairie du Chien, WI. 53821 Jeffrey Irvine Vice President: 7028 Highway K Address: Chippewa Falls, WI 54729 Gina Crubel Secretary: 8105 County Road A, Lancaster, WI 53813 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 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. Randolph Weeks __ President 13.

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

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

DESIGN HOMES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 16, 1966.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 09, 2016.

GEORGE PETAK, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

171183-9E32F48E