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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

000001492030  
-05/17/95--01156--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: ABODES COMPANY, INCORPORATED  
(Name of corporation - must include suffix)

Dear Sir or Madam:

W95-10507

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:

PEG Y. McMAHAN  
(Name of Person)  
ABODES COMPANY, INCORPORATED  
(Firm/Company)  
SUITE 104, 5823 LAKE WORTH ROAD  
(Address)  
GREENACRES CITY, FL. 33463  
(City, State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Should you need to call someone concerning this matter, please call:

PEG Y. McMAHAN at (407) 967-1612  
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**

Sandra B. Mortham  
Secretary of State

**May 17, 1995**

**PEG Y. MCMAHAN  
ABODES COMPANY INC  
5823 LAKE WORTH ROAD SUITE 104  
GREENACRES CITY, FL 33463**

**SUBJECT: ABODES COMPANY INC  
Ref. Number: W95000010507**

We have received your document for ABODES COMPANY INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

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 (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 995A00025431



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

**May 30, 1995**

**PEG Y. MCMAHAN  
ABODES COMPANY INC  
5823 LAKE WORTH ROAD SUITE 104  
GREENACRES CITY, FL 33463**

**SUBJECT: ABODES COMPANY INC  
Ref. Number: W95000010507**

**The name you wish to adopt is also unavailable. Please feel free to call the number below to check the availability of any name you wish to adopt. Attached is a blank resolution form for your convenience.**

**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 (904) 487-6958.**

**Lee Rivers  
Document Examiner**

**Letter Number: 195A00027038**

## RESOLUTION OF BOARD OF DIRECTORS

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I, the undersigned PEG Y. McMAHAN, do hereby certify  
that this Resolution of the Board of Directors of ABODES COMPANY, INC.,  
a corporation duly organized and existing under the laws of the State of INDIANA,  
was duly adopted on JUNE 9, 19 95.

Resolved, that ABODES COMPANY, INC., organized  
and existing in the State of INDIANA, hereby adopts the  
name ABODES COMPANY OF INDIANA, INC. for use in Florida.

Dated: 6/9/95

Peg Y. McMahon  
Signature of at least one director

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

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DIVISION OF CORPORATIONS  
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1. ABODES COMPANY, INC. INCORPORATED  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. INDIANA 3. 35-1670035  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/28/86 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)

7. SUITE 104, 5823 LAKE WORTH ROAD  
GREENACRES CITY, FL. 33463  
(Current mailing address)

8. REAL ESTATE & OTHER INVESTMENT OPPORTUNITIES  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: NORMAN L. WILKES

Office Address: SUITE 104, 5823 LAKE WORTH ROAD  
GREENACRES CITY, Florida, 33463  
(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.

Norman L. Wilkes  
(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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: NORMAN L. WILKES

Address: 5217 WOODSTONE CIRCLE SOUTH  
LAKE WORTH, FL. 33463

Vice Chairman: PEG Y. McMAHAN

Address: 5217 WOODSTONE CIRCLE SOUTH  
LAKE WORTH, FL. 33463

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

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

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

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

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: NORMAN L. WILKES

Address: 5217 WOODSTONE CIRCLE SOUTH  
LAKE WORTH, FL. 33463

Vice President: PEG Y. McMAHAN

Address: 5217 WOODSTONE CIRCLE SOUTH  
LAKE WORTH, FL. 33463

Secretary: PEG Y. McMAHAN

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

Treasurer: PEG Y. McMAHAN

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

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

13. Norman L. Wilkes  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. NORMAN L. WILKES, PRESIDENT  
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

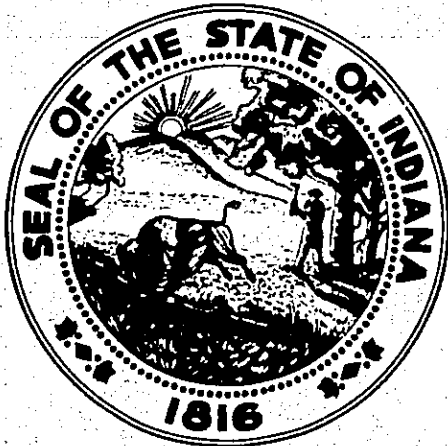
I further certify that records of this office disclose that

ABODES COMPANY INC

filed Articles of Incorporation on January 28, 1986, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fifth day of May, 1995.



*Sue Anne Gilroy*  
SUE ANNE GILROY, Secretary of State

*[Signature]*  
Deputy

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