

Document Number Only

F9500W05 697

CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone

CORPORATION(S) NAME

95 NOV 20 PM 1:55

11 20 55

SECRETARY OF STATE
CORPORATIONS DIVISION
55 NOV 21 PM 3:28

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*****70.00 *****70.00

Attitude / River Mills Contractors, Inc.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious name Filing |
| | | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name Availability	<i>OK</i>
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

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PLEASE RETURN EXTRA COPIES
FILE STAMPED

Please call Melaine w/ Any questions. 1AA

Thanks

File 2nd

FILING	<i>35.00</i>
R. AGENT FEE	<i>35.00</i>
C. COPY	
TOTAL	<i>70.00</i>
N. BANK	
SALANCE DUE	
ISSUED	

**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. Arvida/River Hills Contractors, Inc.
(Name of corporation: the word "INCORPORATED," "COMPANY," or "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. Delaware
(State or country under the law of which it is incorporated)
3. November 13, 1995 4. Perpetual
(Date of Incorporation) (Duration)
5. Applied for
(Federal Employer Identification number, if applicable)
6. Upon filing of this application
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 900 N. Michigan Ave., Chicago, IL 60611
(Current mailing address)
8. To provide contracting services within the State of Florida
(Corporate purpose and nature of business in which it is engaged in Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: Gary Nickels
Address: 900 N. Michigan Ave.
Chicago, IL 60611

Director: _____
Address: _____

B. Officers:

President: Jamen D. Notta

Address: 7900 Glades Road, Suite 200
Boca Raton, FL 33436

Vice President: Stephen A. Lovelette

Address: 900 N. Michigan Ave.
Chicago, IL 60611

Secretary: Kevin B. Yates

Address: 900 N. Michigan Ave.
Chicago, IL 60611

Treasurer: Stephen A. Lovelette

Address: 900 N. Michigan Ave.
Chicago, IL 60611

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
Zip Code

11. 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: Donnie Bryan

DONNIE BRYAN

12. 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.

13. Kevin B. Yates
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

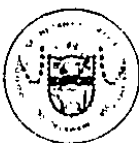
14. Kevin B. Yates, Secretary
(Name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARVIDA/RIVER HILLS CONTRACTORS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

RECEIVED
SECRETARY OF STATE
NOV 21 PM 3:28



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION

DATE:

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11-16-95