TO: Qualification fax Lien Section Division of Corporations

\$500000135333205 -06/11/06-01111-004 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Community Financial Services. 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", 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:

Eldon J. Spencer, Jr.	
(	Name of Person)
Leonard, O'Brien, Wilf	ord, Spencer & Gale
	(Firm/Company)
55 East Fifth Street,	800 Norwest Center
<u> </u>	(Address)
St. Paul, MN 55101	
-	(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Eldon J. Spencer, Jr.	at ( 612	) 227-9505
(Name of Person)	(Area Code	Le Daytime Telephone Number

#### **COURIER ADDRESS:**

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

#### **MAILING ADDRESS:**

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



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

### RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Walter L. Fricke	, do hereby certify
that this Resolution of the Board of Directors of Community Financi 8200 Normandale Boulevard #100, Bloomington, MN 5543	
a corporation duly organized and existing under the laws of the State of	f <u>Minnesota</u> ,
was duly adopted on <u>April 25</u> , 19 96	SECRETÁRY ASION OF CO
Resolved, that Community Financial Services, Inc.	,organized
and existing in the State of Minnesota , hereby adopted name MH Community Financial Services, Inc.	<b>v</b>
for use in Florida.	
Dated: April 25, 1996	
Walter L. Fricke	···
Signature of at least one director	

INHS19(3/95)

#### 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.	Community Financial Services, Inc.	
	(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.	Minnesota 3. 41-1810849  (State or country under the law of which it is incorporated) (FBI number, if applicable)	
	(State or country under the law of which it is incorporated) (FBI number, if applicable)	<del></del>
4.	5/9/95 (Date of Incorporation)  5. Perpetun1 (Duration: Year corp. will cease to exist or	_
	(Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")	
6.	N/A  (Date first transacted business in Florida, (SEB SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	98 38 38
	(Date first transacted business in Florida, (SEB SECTIONS 607,1501, 607,1502, AND 817,155, F.S.)	三部
	8200 Normandale Bivd., Suite 100	_유로그
		7 OF S
	Bloomington, MN 55437 (Current mailing address)	-¥
	oi e	
8.	Providing or arranging financing for credit purchases of manufactured	homes.
	(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 Fiorida registered agent: (P.O. Box or Mail Drop Box $\underline{NO}$ acceptable)	<u>T</u>
	Name: CT Corporation System	
	Office Address: 1200 South Pine Island Road	
	Plantation , Florida , 33324 (Zip Code)	
10.	Registered agent's acceptance:	
cor reg	ving been named as registered agent and to accept service of process for the above poration at the place designated in this application, I hereby accept the appointment istered agent and agree to act in this capacity. I further agree to comply with the provision statutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent.	ent as

(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)

1,11

Director &KXYKKKı: Walt	ior I. Fricko
Address:5801	Merold Drive
Ed tr	na, MN 55436
Director <b>VicesChairman</b>	Peter M. Mahon, Jr.
Address:	5501 W. Highwood Drive
	Ed.Lna, MN 55436
Director:	Dennis J. Doyle
Address:	10453 Bluff Rond
	Eden Prairie, MN 55344
Director:	Paul W. Taylor
Address:	1715 Lagoon, Apt. 4
	Minneapolis, MN 55408
B. OFFICERS (	Street address only- P. O. Box NOT acceptable)
President:	Walter L. Fricke
Address:	5801 Merold Drive
	Edina, MN 55436
Vice President: _	Paul W. Taylor
Address:	1715 Lagoon, Apt. 4
	Minneapolis, MN 55408
Vice President / Secretary:	Terry L. Schultz
Address:	124 Lawrence Blvd. East
	Wabasha, MN 55981
Treasurer:	Peter M. Mahon, Jr.
Address:	5501 W. Highwood Drive
	Edina, MN 55436
NOTE: If necessary of ficers and/or direction and/or direction and/or direction and/or direction and and and and and and and and and an	ary, you may atlach an addendum to the application listing additional ectors.
(Signature o	f Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	Fricke - President/CEO (Typed or printed name and capacity of person signing application)

# State of Minnesota

## **SECRETARY OF STATE**

#### Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Community Financial Services, Inc.

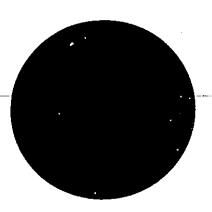
Date Formed: 05/09/1995

Chapter Governed By: 302A

This certificate has been issued on 04/25/96.

DIVISION OF CORPORATIONS

96 JUN 10 AH 9: 56



Joan Anderson Grove
Secretary of State.