# F98000006093

~	n/Tax Lien Section Corporations	
SUBJECT:	C/G Mobile Home Park, Inc. (Name of corporation - must inc	lude suffix)
Dear Sir or Madam: The enclosed "Appl "Certificate of Exist to transact business	ication by Foreign Corporation for Authorization can be a check are submitted to register the a	100026777911 -11/02/9801077003 *****78.75 *****78.75 on to Transact Business in Florida", above referenced foreign corporation
Please return all cor	respondence concerning this matter to the follo	wing:
	Wayne H. Klekamp (Name of Person)	
<u></u> -	(Firm/Company)	98 NOV -2
<del></del>	(Address) Terrace Park, OH 45176	
	(City/State/Zip)	AM IO: 54
Should you need to	call someone concerning this matter, please cal	63
Rex A. Wolfo	gang, Esq. at (513) 721- Person) (Area Code & Day	rtime Telephone Number) W/3

#### STREET ADDRESS:

Qualification/Tax Lien Section 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

#### 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.	1. <u>C/G Mobile Home Park,Inc.</u>	
	(Name of corporation; must include the word "INCORPORATED", "COMPAN" words or abbreviations of like import in language as will clearly indicate that it is natural person or partnership if not so contained in the name at present.)	Y", "CORPORATION" or a corporation instead of a
2.		1619141
		FEI number, if applicable)
4.	4. <b>7/16/98</b> 5. <b>per</b> p	etual
		will cease to exist or "perpetual")
6.	6. <u>9/30/98</u>	
٠.	6. 9/30/98 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607	7.1502 and 817.155, F.S.)
7.	7. <b>718 Wooster Pike, Terrace Park, Ohio 4</b>	
	(Current mailing address)	99
8.	8Mobile Home Park	98 NOV
	(Purpose(s) of corporation authorized in home state or country to be carried	l out in state of Florida)
9.	9. Name and street address of Florida registered agent: (P.O. Box or Ma	· · · · · · · · · · · · · · · · · · ·
	Name: Shirley Arlene Rozell	RATION 10: 54
Of	Office Address: 1951 Lake Daisy Road	
	Winter Haven, Florida,	- · ·
	(Zi	ip code)
10	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.

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. DIRECT	ORS (Street address only - P.O. Box NOT acceptable)		
Chairman:			
Address:			
Vice Chairma	n:		
Director:			
Address:			
B. OFFICE	ERS (Street address only - P.O. Box NOT acceptable)	98 ×	SEC
President:	H. Wayne Klekamp	NOV -	<b>建</b> 開
Address:	718 Wooster Pike, Terrace Park, OH 45174	<i>∾</i>	
		OH HA	#S
	nt: <u>Dianne Klekamp</u>	45	TE
	718 Wooster Pike, Terrace Park, OH 45174		
Secretary	Dianne Klekamp		
	718 Wooster Pike, Terrace Park, OH 45174		
Addiess	/16 MOUSCEL FIRE, IELIZON LAIR, VII		-
Тизавитан	H. Wayne Klekamp		
	<del>-</del>		
Address:	718 Wooster Pike, Terrace Park, OH 45174		
<del></del>			
NOTE: If	necessary, for may attach an addendum to the application listing additional officers and/or directors.		
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14	H. Wayne (lekamp, President	. <u> </u>	
	(Typed or printed name and capacity of person signing application)		

FILING EXPED PENALTY CERT COPY 85.00 0.00 0.00 0.00 0.00 0.00 0.00 TOTAL 85.00 0.00 0.00 0.00 0.00

Return To:
BARRON PECK AND BENNIE
ATTN K C BROOKS
1 W 4TH ST 1400
CINCINNATI, OH 45202-0000

-cut along the dotted line



## The State of Ohio 🕏 Certificate

Secretary of State - Bob Taft

1021824

It is hereby certified that the Secretary of State of Ohio has custody of the business records for C/G MOBILE #50M.

PARK, INC. and that said business records show the filing and recording of:

<u>Document(s)</u> DOMESTIC ARTICLES/FOR PROFIT Document No(s): 199819100436

United States of America State of Ohio Office of the Secretary of State



Witness my hand and the seal of the Secretary of State at Columbus, Ohio, This 16th day of July, A.D. 1998

Bob Taft Secretary of State