79800000 6914

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: New Castle Homes Spe	cialties. Inc
	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	Authorization to Transact Business in Florida", register the above referenced foreign corporation
Please return all correspondence concerning this matter	
T T T T	
_ Yonald S. Sawic	
1 1 1	
New Castle Modu	
(Firm/Co.	
_ 432 N. Memor	
(Addr	,
New Castle, I	N 47342
(City/Sta	te/Zip)
Should you need to call someone concerning this matte	r, please call: 098 - 27413
D Caili no	
	1521.0788
(Name of Person) (Area (Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St.	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee FI 37314
Enclosed is a check for the following amount:	AS 98 DE T
5 \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 8, 1998

RONALD S. SAWICKI NEW CASTLE MODULAR SPECIALTIES 432 N. MEMORIAL DRIVE NEW CASTLE, IN 47362

SUBJECT: NEW CASTLE HOMES SPECIALTIES, INC.

Ref. Number: W98000027412

We have received your document for NEW CASTLE HOMES SPECIALTIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A photocopy of the certificate of existence is not acceptable.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 098A00057940

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.
. New Castle Homes Specialties 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 Indiana 3. 35.1729937
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Date of incorporation) S. Dev De + La A (Duration: Year corp. will cease to existor "pexpecual")
E 1 9 9
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
2 432 N. Memorial Drive
Now Castle IN 473(02
(Current mailing address)
· manufacturing of modular structures
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Ronald S. Sawicki
Office Address: 2309 60th Drive East
Bradenton, FL, Florida, 34203 (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. (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:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Ronald S. Sqwicki
Address: 6518 Royal Dakland Dr
Indianapolis. IN 46234 55 TT
Vice President: LINDA A. Sawicki
Address: WT8 Royal Dakland Dr.
Indianapolis IN 46236
Secretary: USA TICHENOV
Address: 335 PAVKVIEW D
Naw (astle, IN 47302
Treasurer:
Address:
NOTE: If necessary, you 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. Lisa Tichenor - secretary
(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

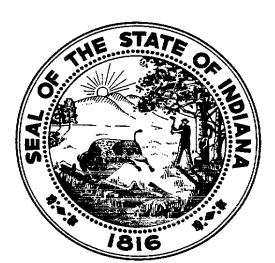
NEW CASTLE HOMES SPECIALTIES, INC.

filed Articles of Incorporation on February 23, 1988, and is a corporation only 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.

98 DEC 21 AM II: 12

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-fifth day of November, 1998.



Sue anne Gilroy, Secretary of State

Deputy