# THE UNITED STATES CORPORATION

ACCOUNT NO.

072100000032

REFERENCE

150469

12000A

000002796870--0

AUTHORIZATION

\$ 70.00

COST LIMIT

ORDER DATE: February 26, 1999

ORDER TIME :

COMPANY

3:23 PM

ORDER NO. : 150469-080

CUSTOMER NO:

12000A

CUSTOMER:

Renee Ann Winslow, Legal Asst

Shapiro & Adams, P.a.

Suite 272

2401 Pga Boulevard

Palm Beach Gard, FL 33410

HQM AT TWIN OAKS, INC.

QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

#### 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.	HQM AT TWIN OAKS, 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.	Delaware 3 Applied For
	(State or country under the law of which it is incorporated)  3. Applied For (FEI number, if applicable)
4.	February 26, 1999 5. Perpetual
	(Date of Incorporation)  5. Perpetual (Duration: Year corp. will cease to exist of perpetual")
6.	Upon Qualification
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	2401 PGA Boulevard, Suite 155, Palm Beach Gardens, FL 33410
	<b>4.</b> 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
	(Current mailing address) To engage in any act or activity for which corporations may be organized.
^	i de diganizeu.
٥.,	(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: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Corporation Service Company
	Office Address: 1201 Hays Street
10.	Registered agent's acceptance: (Zip Code)
.or eg ill	ving been named as registered agent and to accept service of process for the above stated poration at the place designated in this application, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.
	Corporation Sarvice Company  Karen B. Rozar. Asst. Sec.

(Registered agent's signature)

KAREN B. ROZAR, Assistant Vice President

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.

**Corporation Service Company** 

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

iairman:	See attached officers/directors rider	
dress:		
-		
- ce Chairi	man:	
_		
irector: _		
.ddress: _		
_		
irector: _		
.ddress: _		
o. OFFIC	CERS (Street address only- P. O. Box NOT acceptable)	
resident:	See attached officers/directors rider	
resident:		
resident:  Address: _	See attached officers/directors rider	-
resident:  Address: _  -  Vice Presid	See attached officers/directors rider	-
resident: .ddress: /ice Presid	See attached officers/directors rider	-
resident:  Address: _  Vice Presidaddress: _  —	See attached officers/directors rider	-
resident:  Address:  - Vice President  Address:  - ecretary:	See attached officers/directors rider	-
resident:  Address:  - Vice Presid  Address:  - ecretary:	See attached officers/directors rider	-
resident:  Address: _  Vice President  Address: _  ecretary:  Address: _	See attached officers/directors rider	-
resident: Address: _ Tice President Address: _ ecretary: Address: _ Treasurer:	See attached officers/directors rider  dent:	
resident: Address: _ Tice President Address: _ ecretary: Address: _ Treasurer:	See attached officers/directors rider  dent:	-
President: Address: _  Vice Presid Address: _  Esecretary:	See attached officers/directors rider  dent:	-

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Paul M. Walczak Executive. V. P.

(Typed or printed name and capacity of person signing application)

#### OFFICERS/DIRECTORS RIDER

Chairman of the Board/President/Director Elizabeth M. Fago 2401 PGA Boulevard Suite 155 Palm Beach Gardens, FL 33410

Executive Vice President
Paul M. Walczak
2401 PGA Boulevard
Suite 155
Palm Beach Gardens, FL 33410

99 MAR -5 PH 4: 47

SECRETARY OF STATE

### State of Delaware

## Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOM AT TWIN OAKS, 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 FIRST DAY OF MARCH, A.D. 1999.

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

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

3010601 8300

DATE: 9603357

991077929

03-01-99