

F99000001891

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Manufactured Homes Directory Service, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

600002821286--2

-03/29/99--01031--001

\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Sam Wagoner

(Name of Person)

M.D.S. Incorporated

(Firm/Company)

P.O. Box 79027

(Address)

Greensboro, NC 27417

(City/State/Zip)

W99-7570

4/12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Sam Wagoner  
(Name of Person)

at (336) 601-5252  
(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 30, 1999

SAM WAGONER  
M.D.S. INCORPORATED  
PO BOX 79027  
GREENSBORO, NC 27417

SUBJECT: MANUFACTURED HOMES DIRECTORY SERVICE INC.  
Ref. Number: W99000007570

We have received your document for MANUFACTURED HOMES DIRECTORY SERVICE INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 199A00015946

**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. Manufactured Homes Directory Service 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. North Carolina 3. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/28/99 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3/18/99  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. MDS Inc. PO Box 29027  
Greensboro, NC 27417  
(Current mailing address)

8. Listing manufactured homes for sale.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

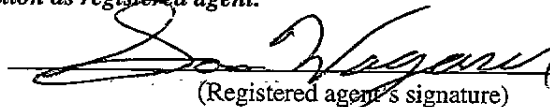
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Sam Wagoner (Southland Manufactured Homes)

Office Address: 8115 Pensacola Blvd  
Pensacola, FL, Florida, 32534  
(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)

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TALLAHASSEE FLORIDA

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Jerry Hogan

Address: 3521 McCuiston Rd  
Greensboro, NC 27407

Vice Chairman: Sam Wagoner

Address: 129-A Meadowood St  
Greensboro, NC 27409

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Sam Wagoner

Address: 129-A Meadowood St.  
Greensboro, NC 27409

Vice President: Jerry Hogan

Address: 3521 McCuiston Rd  
Greensboro, NC 27407

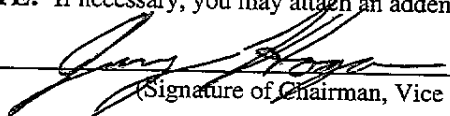
Secretary: Elizabeth Hogan

Address: 3521 McCuiston Rd  
Greensboro, NC 27407

Treasurer: Tiffany Garrott

Address: 595 Howard St #5  
Boone, NC 28607

**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. Jerry Hogan, Chairman  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

## CERTIFICATE OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

MANUFACTURED HOMES DIRECTORY SERVICE INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of October, 1998, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of April, 1999.



*Elaine F. Marshall*

Secretary of State

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