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ACCOUNT NO. : 07210000032	. **** -
REFERENCE : 325484 7233219	 Q
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COST LIMIT : \$40.00	0 m
ORDER DATE: November 17, 2003 \\ \(\tag{25.00} \) ORDER TIME: 2:29 PM	E G S
	A. 0
ORDER NO. : 325484-005 - CUSTOMER NO: 7233219	
CUSTOMER: Ms. Sally Harris Home Quality Management, Inc. Suite 155 2401 Pga Boulevard	· •
Palm Beach Gard, FL 33410	
FOREIGN FILINGS	
NAME: HQM OF PORT ST. JOE, LLC	
XXXX QUALIFICATION (TYPE: LL)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Troy Todd EXT# 1140	-· —·
EXAMINER:	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	<i>EDLIABILITY COMPANY TO TRAN</i> IQM of Port St. Joe, LLC		-· •			T
1 <u>·</u>		(Name of foreign lim	ted liability company)	That .	0	— }
. De	elaware	, ,	3 1 27		- Marie 3	<u>.</u>
(Jur	isdiction under the law of which fo company is organized	reign limited liability d)	(FEI nun	ber, if applicable)	E SA	20 20 20
4. <u>0</u>	ctober 28, 2003 (Date of Organization)	<u> </u>	Perpetual (Duration: Year limite exist or	ed liability company r "perpetual")	y will cease t	
5	UPON QUALIFICA (Date first transacted b	ATIONS usiness in Florida. (See se	ctions 608.501, 608.502	2, and 817.155, F.S.)	<u>. </u>
7. <u>2</u>	401 PGA Boulevard, Suite	155, Palm Beach C	ardens, FL 33410	o		
		(Street address of	principal office)	a magneria a	<u> </u>	TANK TO A STATE OF THE PARTY OF
. If	limited liability company is a	manager-managed co	mpany, check here		-	
. Th	limited liability company is a se name and usual business ac Home Quality Managemen	ldresses of the managi	ng members or mar	nagers are as foll	lows:	6 *.
). Th _{	e name and usual business ac	Idresses of the managint, Inc., Sole Membe	ng members or mar	nagers are as foll	lows:	6 %
). Th _{	e name and usual business ac	Idresses of the managint, Inc., Sole Membe	ng members or mar	nagers are as foll	lows:	
). Th _!	e name and usual business ac	Idresses of the managint, Inc., Sole Membe	ng members or mar	nagers are as foll	lows:	
O. Att	e name and usual business ac	Idresses of the managing it, Inc., Sole Member 33410 stence, no more than 90 day it is organized. (A photocol	ng members or mar r, 2401 PGA Blvd. s old, duly authenticated py is not acceptable. If the	nagers are as foll , Suite 155,	ng custody of	
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an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Paul Walcsak, CEO of Member

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

HQM of Por	rt St. Joe, LLC
2. The name a	and the Florida street address of the registered agent and office are:
	Sandra Adams, Esq.
	(Name)
	2401 PGA Blvd., Suite 155
	Florida street address (P.O. Box NOT ACCEPTABLE)
	Palm Beach Gardens FL 33410
	(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Jandia adama (Signature)

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOM OF PORT ST. JOE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOM OF PORT ST. JOE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER,

A.D. 2003.

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



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2754371

DATE: 11-17-03

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