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SECRETARY OF STATE

TRANSMITTAL LETTER

Registration Section

Division of Corporations

Enclosed is a check for the following amount:

Certificate of Status

☐ \$125.00 Filing Fee

TO:

SUBJECT: SOUTHEASTERN DREAM HOMES, LI	C, a Georgia Limited Liability Company	
(Name of Lin	nited Liability Company)	
	ability Company for Authorization to Transact Business is ubmitted to register the above referenced foreign limited	
Please return all correspondence concerning this n	natter to the following:	
BARRY R. CHAPMAI	N	
(Na	ume of Person)	
BARRY R. CHAPMAN, LAW FIRM		
(Fi	rm/Company)	
504 N. PATTERSON ST.	2005 JA SECRE ALLAH	Ą
	(Address)	***
VALDOSTA, GA 31601	rate and Zin Code)	J
(City/Si	rate and Zip Code)	
For further information concerning this matter, ple	ease call:	
BARRY R. CHAPMAN	at (229) _245-9602	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified C

of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	SOUTHEASTERN D	REAM HOMES, LLC						
		(Name of Foreign	Limited Lia	bility Company)				
2.	GEORGIA		3.	58-2533463	•			
		law of which foreign limited	liability	(FEI n	umber, if appli	cable)		 .
4.	JULY 5, 2000		5.	PERPETUAL				
		f Organization)		(Duration: Year limexist or "perpetual"	ited liability co)	mpany wi	I cease	to
6.	N/A					:		
		(Date first transacted busin (See sections 608.501 & 608	ess in Flori 3.502 F.S. to	da, if prior to registrate determine penalty lia	ion.) ability)	SEC!	2005	
7.	1766 MEMORIAL DI	R. STE 6				E E	¥	
	WAYCROSS, GA 31					ARY C		
		(Street	Address of	Principal Office)	,	FL FL	Ū	
8.	If limited liability	company is a manager-m	nanaged co	ompany, check her	re 🔽	DRID	Ω Ö	
9. The name and usual business addresses of the managing members or managers are as follows:								
	JAN CLIFTON, 176	66 MEMORIAL DR., STE 6,	, WAYCRC	SS, GA 31501	, , , , , , , , , , , , , , , , , , , 			
	J. FRANK HENDER	RSON, 1766 MEMORIAL D	R. STE 6,	WAYCROSS, GA 3	1501			
	DAVID C. HEWITT,	, 2309 TURPIN DR., ORLA	NDO, FL,	32847				
the	jurisdiction under the la	certificate of existence, no more aw of which it is organized. (A cunder oath of the translator mu	photocopy is	snot acceptable. If the	•	_	-	
11	. Nature of busines	ss or purposes to be cond	ucted or p	romoted in Florida	a: RESIDENT	FIAL		
	CONSTRUCTION							
		Signature of a member (In accordance with section 608 an affirmation under the penalt JAN CLIFTON	3.408(3), F.S.	, the execution of this do	cument constitut	ber.		_

Typed or printed name of signee

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.

1. The name of the Limited Liability Company is:

SOUTHEASTE	ERN DREAM HOM	MES, LLC			
2. The name	and the Florida s	street address of the registered agent and office are:	SEC	2005	
	DAVID C. HEV	WITT -	AR.	JAN	
		(Name)	TARY ASSEE	1	
	2309 TURPIN	IN DR.		U	£
	FI	lorida Street Address (P.O. Box NOT ACCEPTABLE)	STATE	2:51	
	ORLANDO	FL 32847		-	
		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, Florida Statutes.

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

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 043150534
CONTROL NUMBER : 0030171
DATE INC/AUTH/FILED: 07/05/2000
JURISDICTION : GEORGIA
PRINT DATE : 11/10/2004

FORM NUMBER : 211

BARRY R. CHAPMAN 504 N. PATTERSON ST VALDOSTA, GA 31601

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of General hereby certify under the seal of my office that

SOUTHEASTERN DREAM HOMES, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Auty Cop

Cathy Cox Secretary of State