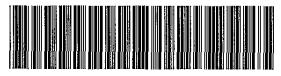
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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & ☐ \$ Certificate of Status

SUBJECT: Log Home Restaration World Wife LLC (Name of Limited Liability Company)				
(Name of Emitted Biability Company)				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Walter Loping Woods III (Name of Person)				
Log Home Restration Mortal Wide LLC (Firm/Company)				
(Firm/Company)				
P.O. Box 232				
(Address)				
CONAAN, NH. 0374/ F. S.				
(City/state and Zip Code)				
For further information concerning this matter, please call:				
LoRing Woods at (888) 349-5647 (Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations 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 Copy

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

TRANSACT BUSINESS IN FLORIDA					
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;					
1. Log Home Peston Wide, LLC (Name of Foreign Limited Liability Company)					
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)					
4. 16 Oct 2003 (Date of Organization) 5. Perpovue (Duration: Year limited liability company will cease to exist or "perpetual")					
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7. 9525 Blind Pass Rd 63-1					
APT-601 ST. Pete Beach, F/ 33706 5 (Street Address of Principal Office)					
8. If limited liability company is a manager-managed company, check here					
9. The name and usual business addresses of the managing members or managers are as follows:					
Self Employed - Walter L. Woods II					
Main Office 1802 North Dorchester Rd					
Dorches Tar, NH - P.O. Box 232 -03741					
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)					
11. Nature of business or purposes to be conducted or promoted in Florida: Restore					
Loz Homes					
W. Down Illand II					
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)					
WAITER LARING Woods IV					
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:

The hame of the Elimited Eliability Company is					
Log Home ResTolaTio	in Ubild	Wartle			
2. The name and the Florida street address of the regist					
	_				
Walter Loring APT 601 (Name)	Woods II				
APT 601 (prame)					
9525 Blind Florida Street Address (P.O. Box		72.05			
Florida Street Address (P.O. Box	NOT ACCEPTABLE)	AND BY			
ST. PETE BegehFL City/State	33706	TARK HASSE			
City/State	/Zip	mc =			
		0 F G: F			
Having been named as registered agent and to accept ser iability company at the place designated in this certificat					
agent and agree to act in this capacity. I further agree to					
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)

State of New Hampshire Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LOG HOME RESTORATION WORLDWIDE, LLC (formerly LOG HOME RESTORATION COMPANY NORTHEAST, LLC) is a New Hampshire limited liability company formed on October 16, 2003. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 8th day of March, A.D. 2005

William M. Gal

William M. Gardner Secretary of State