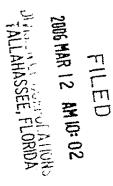
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| <u> </u> |
| Special Instructions to Filing Officer: |
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Office Use Only



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J. BRYAN APR 1 4 2006

806A-17869

COVER LETTER

| TO: | Registration Section | | |
|-----|--------------------------|--|--|
| | Division of Corporations | | |

SUBJECT: McMaster Custom Homes, LLC
(Name of Limited Liability 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:

McMaster Custom Homes, LLC

(Firm/Company)

Suite 251 200 W. 22nd St.

(Address)

Lombard, IL 60148

(City/State and Zip Code)

Certified Copy

of Status & Certified Copy

For further information concerning this matter, please call:

| STREET ADDRESS: |
|------------------------------|
| Division of Corporations |
| Clifton Building |
| 2661 Executive Center Circle |
| Гallahassee, FL 32301 |
| rananassoo, 1 L 32301 |
| |

Certificate of Status



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2006

ROBERT G. MCMASTER, JR. MCMASTER CUSTOM HOMES, LLC SUITE 251, 200 W. 22ND ST. LOMBARD, IL 60148

SUBJECT: MCMASTER CUSTOM HOMES, LLC

Ref. Number: W06000013331



We have received your document for MCMASTER CUSTOM HOMES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 106A00018872

2661 EXEC. Center Circle

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | McMaster Custom Homes, LLC | | | | |
|------|---|--|--|--|--|
| | (Name of Foreign Limited Liability Company) | | | | |
| | Illinois 3. 36-4276064 | | | | |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | | | | |
| 4. | March 1999 5. Perpetual | | | | |
| | (Date of Organization) (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. | Suite 251 200 W. 22nd St. | | | | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Suite 251 200 W. 22nd St. Lombard, IL 60148 (Street Address of Principal Office) | | | | |
| | (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: | | | | |
| | Robert G. McMaster, Jr, Victor A. Fiala, Michael A. McMaster, Megan R. McMaster | | | | |
| | Suite 251 200 W. 22nd St. | | | | |
| | Lombard, IL 60148 | | | | |
| | | | | | |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | | | | |
| trai | nslation of the certificate under oath of the translator must be submitted.) | | | | |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: | | | | |
| | Primarily Real Estate Development, Construction, and Management. | | | | |
| | Polit A. Mc Mts Longober | | | | |
| | 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.) | | | | |
| | Robert G. McMaster, Jr | | | | |

Typed or printed name of signee

MAR/13/2006/MON 03:18 PM.

FAX No. 630 916 4727

P. 002

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.

| McMaster Custom Hor | mes, LLC | <u>.</u> |
|-----------------------------|--|----------------------|
| 2. The name and the Florida | street address of the registered agent and office are: | 286 MAR UNISHOUTA |
| John Murn | iane, Royal Palm Mortgage, Inc. | 是一 |
| | (Name) | SSE SSE |
| 3624 Del | Prado Blvd South | THE THE |
| Ē | Florida Street Address (P.O. Box NOT ACCEPTABLE) | - SE S |
| Cape Cor | al. _{₹7} 33904 | Dist |

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.

(Signature)

I. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Cortified Copy (optional)

\$ 5.00 Certificate of Status (optional)

File Number

0026681-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MCMASTER CUSTOM HOMES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 09, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

APRIL

A.D.

2006

Desse White