May 4, 19/8

May 5, 19/8

May 5, 19/8

May 5, 19/8

May 6, 19/8

May 6

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

RE:

Register a Foreign Limited Liability Company North American Housing Partners, L.L.C.

Dear Sir:

Please register North American Housing Partners, L.L.C. to transact business in the State of Florida. The following documents are enclosed:

- 1. Application
- 2. Original Certificate of Existence for North American Housing Partners, L.L.C. dated April 20, 1998
- 3. Certificate of Designation
- 4. Affidavit of Membership
- 5. Check in the amount of \$285.00 payable to the Florida Department of State

- among

Sinecrely,

Ramona M. Chance

cc: Charles W. Kennedy

ame vallability MH

5700 S.W. 34TH STREET, SUITE 231

\*\*\*\*285.00

Name
Availability

Document
Examiner

Updater
Updater
Verifyer

Acknowledgement
W. P. Verifyer

# 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

North American Housing Partn Name of foreign limited liability company to contained in the page at present	iers, L.L.C.	words	"limited company" th:	l- l		O 11 16
so contained in the name at present)	A most elia AMITI (Ile	WUICIS	milled company or thei	r apprev	ration "L.	C." it not
Kansas		3	48-119903	36		
(Jurisdiction under the law of which foreign iability company is organized)	gn limited	, <u>-</u>	(FEI number, i	f applica	ble)	
March 6, 1998		5.	2028			
(Date of Organization)		(	Duration: Year limited liab exist or "perpetual")	ility com	pany will	cease to
Have not yet transacted busine	ess in Florida.					
(Date first transacted busines	ss in Florida. (See s	section	s 608.501, 608.502, and 8	317.155,	F. S.)	
1193	36 West 119 <sup>th</sup> s	treet	#25g			
			7000	·		<del></del>
Ove	rland Park, Kan	sas 6	66213	i		
(Stre	et address of princ	ipal off	ice)		-FNAC DI	
Ove (Street st name, title, and business addreet manage the foreign limited liability  NAME & ADDRESS:	et address of princ	ipal off	ice) member[MGRM] or n	e if nec	er[MGR] essary)	
(Streets name, title, and business addrest manage the foreign limited liability	et address of princ ss of each mana company in Flo	ipal off	ice) member[MGRM] or n attach additional pag	e if nec	essary)	
(Street st name, title, and business addrest name, title, and business addrest name the foreign limited liability  NAME & ADDRESS:	et address of princ ss of each mana company in Flo TITLE: MGRM	ipal off aging rida: (	ice) member[MGRM] or n attach additional pag	e if ned	essary)	
(Street name, title, and business address and the manage the foreign limited liability  NAME & ADDRESS:  Deloris D. Welch	et address of princ ss of each mana company in Flo TITLE: MGRM	ipal off aging rida: (	ice) member[MGRM] or n attach additional page NAME & ADDRESS:	e if ned	essary)	
(Street st name, title, and business address and street manage the foreign limited liability  NAME & ADDRESS:  Deloris D. Welch  9250 SW 32 <sup>nd</sup> Ave. Rd.	et address of princ ss of each mana company in Flo TITLE: MGRM	ipal off aging rida: (	ice) member[MGRM] or n attach additional page NAME & ADDRESS:	e if ned	essary)	
(Street st name, title, and business address and street manage the foreign limited liability  NAME & ADDRESS:  Deloris D. Welch  9250 SW 32 <sup>nd</sup> Ave. Rd.	et address of princ ss of each mana company in Flo TITLE: MGRM	ipal off aging rida: (	ice) member[MGRM] or n attach additional page NAME & ADDRESS:	e if ned	ressary) TITLE: 98 MAY - 7	
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(Street st name, title, and business address and street manage the foreign limited liability  NAME & ADDRESS:  Deloris D. Welch  9250 SW 32 <sup>nd</sup> Ave. Rd.	et address of princ ss of each mana company in Flo TITLE: MGRM	ipal off aging rida: (	ice) member[MGRM] or n attach additional page NAME & ADDRESS:	e if ned	ressary) TITLE: 98 MAY - 7 AM	

<sup>9.</sup> Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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 oath of the translator must be submitted.)

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STSTUTES, THE UNDERSIGNED LIMITED LIABILITY COMPNAY 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:		
	North American Housing Partners, L.L.C.		
2.	The name and the Florida street address of the registered agent and office are:		
	Deloris D. Welch		
	(Name)		
	9250 SW 32 <sup>nd</sup> Avenue Rd. Florida street address (P.O. Box NOT ACCEPTABLE)	98 MAY -7	SECRETARY SECRETARY BIVISION OF CO
	Ocala, Florida 34476	A	장우그 왕
	City/State/Zip	9.08	TATE
as re all s	ing been named as registered agent and to accept service of process for the above ed liability company at the place designated in this certificate, I hereby accept the a egistered agent and agree to act in this capacity. I further agree to comply with the tatutes relating to the proper and complete performance of my duties, and I am fan ept the obligations of my position as registered agent.	appoii nrov	ntment isions of
_h	Veloria D. Wolch) (Signature)		

Filing Fee: \$35 for Designation of Registered Agent

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or author	ized representative of a member of North	American Housing
Partners, L.C.	certifies:	- Lous mg
1) the above named limited liability	company has at least two members;	
2) the total amount of cash contribut	ted by the member(s) is	\$_500 <sup></sup> ;
<ol> <li>if any, the agreed value of proper (A description of the property is a and</li> </ol>	ty other than cash contributed by member(s ttached and made a part hereto.)	) is \$ <u>-0-</u> ;
by member(s) is	erty contributed and anticipated to be contri	buted
(This total includes amounts from	2 and 3 above.)	<u></u>
Signature of a mem (In accordance with se affidavit constitutes an stated herein are true.)	ber or an authorized representative of a ction 608.408(3), Florida Statutes, the execution of affirmation under the penalties of perjury that the fi	member. this
Delo	ris D. Welch	
	Typed or printed name osignee	SECRET SECRET
		-7
		ID OF STAT RPORATI
Filing Fee: S	\$250.00 for Application and Affiday	it OS OF

#### STATE OF KANSAS

OFFICE OF SECRETARY OF STATE RON THORNBURGH



## To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to limited liability companies and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

NORTH AMERICAN HOUSING PARTNERS, L.L.C.

is a regularly and properly organized limited liability company under the laws of the State of Kansas, having filed articles of organization in Kansas on the 6th day of March, A.D. 1998 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:
I hereto set my hand and cause
to be affixed my official seal.
Done at the City of Topeka, this,
20th day of April, A.D. 1998



RON THORNBURGH SECRETARY OF STATE

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