# SA (Cach North, ), Inc.

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417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 9. TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 28, 1995

CAPITAL CONNECTION, INC P.O. BOX 10349 TALLAHASSEE, FL 32302

SUBJECT: NEW HOMES USA (CZECH NORTH) INC.

Ref. Number: W95000006814

We have received your document for NEW HOMES USA (CZECH NORTH) INC. and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick Corporate Specialist

Letter Number: 395A00014001

Corrected

## ARTICLES OF INCORPORATION

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NEW HOMES USA (CZECH MORTH), INC.

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

## ARTICLE I

#### NAME

The name of the componation shall be: NEW HOMES USA (CZECH NORTH), INC.

# ARTICLE II

# NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

#### ARTICLE III

#### CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Million (1,000,000) shares of common stock having a par value of Ten Cents (\$.10) per share.

#### ARTICLE IV

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 2926 51st Street South, Gulfport, FL. 33707.

#### ARTICLE V

#### TERM OF EXISTENCE

This corporation is to exist perpetually.

Page 1 of 2 Pages

#### ARTICLE VI

#### SUBSCRIBER

The name and street address of the subscriber to these Articles of Incorporation is:

Rock O'Neal 14501 Gulf Boulevard Madeira Beach, Florida 33708

ARTICLE VIII

REGISTERED AGENT

The name and address of the initial registered agent is:

Rock O'Neal 14501 Gulf Boulevard Madeira Beach, Florida 33708

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this the 27th day of March, 1995.

(SEAL)

INCORPORATOR and REGISTERED

AGENT

STATE OF FLORIDA COUNTY OF PINELLAS

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared ROCK O'MEAL, to me personally known or who has produced Dex DONA (OLL KNOW) as identification, who did take an oath, and who executed the foregoing instrument.

WITNESS my hand and official seal in the County and State last aforesaid this 27th day of March, 1995.

NOTARY PUBLIC MICHELE R. STYLING

My Commission Expires:

Page 2 of 2 Pages



# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The	name of t	he corpor	stion 1	· New	) lone	5 (C2	zh N
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

Lodollas