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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: BRIDGETON HOMES PROPERTIES, INC.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
TIMOTHY J. CAGLE
(Name of Person)
TIMOTHY J. CAGLE, CPA
(Firm/Conpany)
2485 BETHANY BEND
(Address)
ALPHARETTA, GA 30004
(City/State and Zip code)
For further information concerning this matter, please call:
TIMOTHY J. CAGLE at (770) 667-6055
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327
Tallahassee, FL 32399  Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$\times \text{\$70.00 Filing Fee}\$ \text{\$\text{\$\subseteq}} \\$78.75 Filing Fee & \$\text{\$\text{\$\subseteq}} \\$87.50 Filing Fee, \\ \text{Certificate of Status}\$ \text{Certified Copy}\$ \text{Certified Copy}\$ \text{Certified Copy}\$

## BRIDGETON HOMES PROPERTIES, INC.

### 58-2583799

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT ATX1 BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 607.1503, FLORIDA ST. GISTER A FOREIGN CORPORATION TO TRANSACT B				<i>W</i>
1.	BRIDGETON HOMES PROPERTIES, INC.  (Name of corporation; must include the word "INCORPORAT words or abbreviations of like import in language as will clear natural person or partnership if not so contained in the name at	ly ind	licate that it i		KILE SIES
2.	GEORGIA	3.		58-2583799	97/0
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)	75
4.	12/4/2000	5.		Pernetual	
	(Date of incorporation)		(Duration:	Perpetual Year corp. will cease to exist or	"perpetual")
6.	Upon Qualification				
	(Date first transacted business in Florida. If corporation has n (SEE SECTIONS 607.1501,	ot tra 607.	nsacted busi 1502 and 81	ness in Florida, insert "upon qua 7.155, F.S.)	lification.")
7.	5805 WESTWOOD DRIVE, CUMMING, GEORGIA 30040				
	(Principal o	ffice	address)	· ·	
	5805 WESTWOOD DRIVE, CUMMING, GEORGIA 30040				
	(Current mai	iling	address)		
8.	RESIDENTIAL BUILDING				
	(Purpose(s) of corporation authorized in home sta	ate or	country to b	e carried out in state of Florida)	
9.	NAME AND STREET ADDRESS OF FL REGISTERE	D A	GENT: (P.C	). Box or Mail Drop Box NOT	Tacceptable)
	Name: Mike Selvey				
C	Name: <u>Mike, Selvey</u> Office Address: <u>930 Gulf Shore Dr., 1</u>	Uni	+ 5		
	Destin		, Fl	orida <u>3254</u> (Zip code)	•
	(City)		<del></del> -	(Zip code)	
Ha des fur	Registered agent's acceptance: ving been named as registered agent and to accept service ignated in this application, I hereby accept the appointmenter agree to comply with the provisions of all statutes re is I am familiar with and accept the obligations of my pos  (Registered ag	ent a lativ ition	s registered e to the pro as register	d agent and agree to act in th per and complete performan	is capacity. I

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

ATX1

## 12. Names and addresses of officers and/or directors:

Chairman:	
Address:	
vice Chairma	in:
Address:	
Director:	
Address:	
Director:	
Address:	
resident;	Mike Solvey  930 Gulf Shore Drive, Unit 5, Destin, Florida 32541
ice Presiden	t: Jeff Selvey
Address:	7755 Smith Farm Road, Cumming, Georgia 30040
ecretary:	
ddress:	
reasurer:	
ddress:	manus valvamas akkankan madandisa kalba nadi akkan barin da kina nadi aka barin da ka
ddress:	sary, you may attach an addendum to the application listing additional officers and/or directors. .າ

(Typed or printed name and capacity of person signing application)

## **Secretary of State**

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

TIMOTHY J. CAGLE, CPA TIMOTHY J. CAGLE 2485 BETHANY BEND ALPHARETTA, GA 30004 CONTROL NUMBER : 0053098
DATE INC/AUTH/FILED: 12/04/2000
JURISDICTION : GEORGIA
PRINT DATE : 01/06/2004
FORM NUMBER : 211

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

# BRIDGETON HOMES PROPERTIES, INC. A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20040106191814080



Cathy Cox Secretary of State