FOLOGOOOL964 TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMERIFINANCIAL HOME MortGAGE, 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. 50005728245-	E
Please return all correspondence concerning this matter to the following:	07
FRANK ASEN (Name of Person)	
AMERIFINANCIAL HOME Mortgast, Inc. (Firm/Company)	·
215 N. Main St.	
(Address)	
ALGOROUM Z1 60102	
(Address) Algonoun, IL Goloz (City/State and Zip code) For further information concerning this matter, please call:	
(Name of Person) at (847) 458-9700 (Area Code & Daytime Telephone Number) 35	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy	

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	AMERIFINANCIAL HOME MORTGAGE, INC.				
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a				
	natural person or partnership if not so contained in the name at present.)				
	(State or country under the law of which it is incorporated) 36-4289136 (FEI number, if applicable)				
	(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")				
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	•			
6.	UPON Qualification				
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)				
7.	215 N. Main St. Algorguin IL 60102				
	(Principal office address)				
	(Principal office address) 215 N. Main St. Algorguin FL 60102	_			
	215 N. Main St. Algorgoin IL 60102 (Principal office address) 215 N. Main St. Algorgoin IL 60102 (Current mailing address)	-			
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8.	Correspondent Montenage Lender SE	- - -			
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	Correspondent Montenage Lender SE				
	Coales for Dear Monte, AGE Lenden (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	T			
9.	Coales for Dear Monte, AGE Landen (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: John F. Gauder				
9.	Coales for Dear Monte, AGE Landen (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: John F. Gauder ffice Address: 3013 S. Attantic Aue #807				
9.	Coales for Dear Monte, AGE Landen (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: John F. Gauder				

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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.

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

DIRECTORS Hairman: B WA	
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ldress:	
ce Chairman: W/A	and the second second
dress:	
ector: VA	
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dress:	
ector:	
lress:	
OFFICERS	0 0
sident: FRANK J. ASEX	02 SECR ALL/
dress: 215 N. Main St.	
Algongia, IL 60102	FOR R D
e President: Knark J. Asex	<u> </u>
ress: 215 W. Mark St	35 DA
Algoryon IL 60102	
etary: FRANK J. ASCN	
ress: 215 N. Main St Algoryoin IC	
isurer: W/A	
ress:	
	C~ 1/ 11
TE: If necessary, you may attack an addendum to the application listing additional	officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number	n 12 of the combined
/ -	
TRANK J. HSEN PRESident (Typed or printed name and capacity of person signing applicat	

File Number 6034-149-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that Amerifinancial Home Mortgage, Inc., A Domestic Corporation, incorporated under the Laws of this state February 8, 1999, appears to have complied with all the provisions of the Business corporation act of this state relating to the Filing of Annual Reports and Payment of Franchise taxes, and as of this date, is in Good Standing as a Domestic Corporation 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 _____ A.D.