F02000004955

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations SUBJECT: Amerifirst Funding Group, Inc (Name of corporation - must include suffix) Dear Sir or Madam: | |
|--|----------------|
| Division of Corporations | 2 \\ 12 \\ |
| SUBJECT: Amerifirst Funding Group, Inc | . بو " |
| (Name of corporation - must include suffix) | 2 S |
| | 16/45 |
| 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: | ;_ <u></u> |
| Brittany Ellis -09/30/0201080- *********************************** | -995 *78.75 |
| (Name of Person) 楽業非界末(で、1つ | |
| Amerifirst Funding Group, Inc | |
| (Firm/Company) | |
| 130 Gross Road North Suite 107 | ŧ . |
| (Address) | |
| Kingsland, GA 31548 | |
| (City/State and Zip code) | , ., . |
| For further information concerning this matter, please call: | |
| Brittany Ellis | |
| (Name of Person) (Area Code & Daytime Telephone Number) | ेस्ट । |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | ÷ . |
| Enclosed is a check for the following amount: | |
| □ \$70.00 Filing Fee ② \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy | - |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE REGISTER A FO | E WITH SECTION 607.1305, FLORIDA STA REIGN CORPORATION TO TRANSACT BU | SINESS IN THE STATE OF FLORIDA. | |
|---------------------------------------|--|---|-------------|
| | Funding Group, Inc. | 1/0x 4 | |
| words or abbrev | ation; must include the word "INCORPORATED iations of like import in language as will clearly in partnership if not so contained in the name at pre- | ", "COMPANY", "CORPORATION" or adicate that it is a corporation instead of a esent.) | SILL OF MA |
| ₂ Delaware | 3 | 16-1628026 | 19 50 B |
| | under the law of which it is incorporated) | (FEI number, if applicable) | 70045 |
| 4. August 2 | 8, 002 _{5.} | perpetual | , j |
| ·· | e of incorporation) | Duration: Year corp. will cease to exist or "perpetual") | ··· • |
| 6. Upon Qua | | | , |
| (Date first transa | cted business in Florida. If corporation has not tra (SEE SECTIONS 607.1501, 6 | ansacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.) | |
| ₇ 130 Gros | s Road North Suite 107 Kingsland, | GA 31548 | |
| · · · · · · · · · · · · · · · · · · · | (Principal office addres | es) | |
| 130 Gros | s Road North Suite 107 Kingsland, (| GA 31548 | |
| • | (Current mailing addres | ss) | · |
| , Investment | 1 | | |
| (Purpose(| s) of corporation authorized in home state or cour | atry to be carried out in state of Florida) | |
| 9. Name and str | eet address of Florida registered agent: (I | P.O. Box or Mail Drop Box NOT acceptable) | |
| Name: | NRAI Services, Inc. | _ | - - - |
| Office Address: | 526 E. Park Avenue | | |
| | Tallahassee | , Florida | |
| | (City) | (Zip code) | _, |
| | | | |

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.

Anthony J. Alexander
(Registered agent's signature) Asst. Secretary

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:

| | TORS |
|-----------------|--|
| nan: _ | John Tooke |
| ss: _1 | 30 Gross Road North Suite 107 Kingsland, GA 31548 |
| | John Tooke 30 Gross Road North Suite 107 Kingsland, GA 31548 |
| | an: |
| | |
| s: | |
| r: _ | John Tooke |
| | 30 Gross Road North Suite 107 Kingsland, GA 31548 |
| s: <u> </u> | |
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| FIC | CERS |
| nt [.] | John Tooke |
| .10. | 130 Gross Road North Suite 107 Kingsland, GA 31548 |
| s: _ | |
| esid | ent: John Tooke |
| | 130 Gross Road North Suite 107 Kingsland, GA 31548 |
| s: _ | 100 01000 11000 11000 |
| ry: | John Tooke |
| ry. | 130 Gross Road North Suite 107 Kingsland, GA 31548 |
| | John Tooke |
| rer: | 130 Gross Road North Suite 107 Kingsland, GA 31548 |
| ss: _ | 150 Gloss Road North Callo for Tunigetary, |
| ю. Т | f necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| E: 1 | |
| | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| | 1 Total Done don't |
| | (Typed or printed name and capacity of person signing application) |

Delaware PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERIFIRST FUNDING GROUP, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERIFIRST FUNDING GROUP, INC" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2002.





Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 1985115

DATE: 09-16-02

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