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(Requestor's Name) (Address) (Address)	200250562		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	08/13/13010280(
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10:	New Filing Sec Division of Cor		_	•
SUBJI	ест: Аүпе	CYICAN FINAY Name of corpor	CING COY POYO ation - must include suffix	ution
Dear Si	ir or Madam:			
"Certifi	icate of Existenc		n for Authorization to Transac Standing" and check are sub- usiness in Florida.	
Please 1	return all corresp	ondence concerning this n	natter to the following:	
Sa	ndy St	ockert	e of Person	
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Au	rora, (°D 80014	Address	
JES	SICA, SIK	nons Damer E-mail address: (to be u	ate and Zip code (Canfinancina) used for future annual report #	inet dotification)
For furt	ther information	concerning this matter, ple	ease call:	
San	dy Stoc Name of Perso	kert at (32	Nrea Code & Daytime Telepho	one Number
	STREET/COL New Filing Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclose	ed is a check for	the following amount:		
\$70	.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

13 AUG 27 PM 12: 19

SECRETARY OF STATES
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2013

SANDY STOCKERT AMERICAN FINANCING CORPORATION 3151 S VAUGHN WAY, STE 100 AURORA, CO 80014

SUBJECT: AMERICAN FINANCING CORPORATION

Ref. Number: W13000045856

We have received your document for AMERICAN FINANCING CORPORATION and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II

Letter Number: 613A00019662

Division of Comparations DO DOV 6997 Wellaharasa Florida 99914

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

BUSINESS IN FLORIDA FILED 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. AUG 27 PM 3: 49 American Financiaa Corporation (Enter name of corporation; must include "INCORPORATED." "COMPANY, SECRETARY OF STATE TALLAHASSEE, FLORIDA "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.") (If name unavailable in Florids, enter alternate corporate name adopted for the purpose of transacting business in Florids) (State or country under the law of which it is incorporated) 6/27/2001 (Date of incorporation) Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) Mortgage Lendung
(Purposet S' of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services Inc Name: Office Address: 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. agent's signature) SABRINA TILLAPAUGH, AGST. SEC.

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:

A. DIRECTORS		FILE	ΞD
Chairman:	13	AUG 27	PM 3: 49
Address:	SEC	RETARY O	FSTATE
Vice Chairman:		:AHAYYEE	FLORIDA
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS .			
President: Gabriella Maldonado			
Address: 3151 S. Vaughn Way, Ste 100			
Aurora, CO 80014			
Vice President: Nancy Dennis	<u>-</u>		
Address: 3151 S. Vaughn Hay, Ste 100			
Aurora, co 80014			
Scoretary: CED - Damian P. Maldonado			
Address: 3151 S. Vaughn Way, Ste 200, Aurora, CO 8	SDC	14	
Treasurer:			
Address:			
NOTE: If pecessary, you may attach an addendum to the application listing additional office	ers an	d/or directe	ors.
13. Any Jeanes Signature of Director or Officer			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.			
14. Nancy Dennis - Vice President			
(Typed or printed name and capacity of person signing application)			

FILED

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

13 AUG 27 PM 3: 49 SEGRETARY OF STATE TABUAHASSEE, FLORIDA

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

AMERICAN FINANCING CORPORATION

is a **Corporation** formed or registered on 06/27/2001 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20011128920.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/16/2013 that have been posted, and by documents delivered to this office electronically through 08/19/2013 @ 12:03:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/19/2013 @ 12:03:51 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8619024.



Secretary of State of the State of Colorado

*************End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate is merely optional annumber displayed on the certificate, and following the instructions displayed Confirming the Issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."