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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6388

From: Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2808  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

18 JAN 22 PM 2:49  
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FLORIDA DEPARTMENT OF STATE  
ALL AMESSES TO FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION  
AMERICA'S HOME LENDER, INC.

Certificate of Status	0
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JAN 29 2018

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Y SULKER

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. AMERICA'S HOME LENDER, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 7, 1996 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3030 N. Rocky Point Dr., STE 150A, Tampa, FL 33607
(Principal office address)
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent, LLC.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(City) (Zip code)

9. 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.

Tom Glover Northwest Registered Agent, LLC.
- Assistant Secretary
(Registered agent's signature)

10. 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.

18 JAN 20 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLC

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JOANN SETLIFFE

Address: 3030 N. Rocky Point Dr., STE 150A, Tampa, FL 33607

Director: BUTCH SETLIFFE

Address: 3030 N. Rocky Point Dr., STE 150A, Tampa, FL 33607

18 JAN 20 11 21 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. OFFICERS

President: JOANN SETLIFFE

Address: 3030 N. Rocky Point Dr., STE 150A, Tampa, FL 33607

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: BUTCH SETLIFFE

Address: 3030 N. Rocky Point Dr., STE 150A, Tampa, FL 33607

Treasurer: BUTCH SETLIFFE

Address: 3030 N. Rocky Point Dr., STE 150A, Tampa, FL 33607

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. BUTCH SETLIFFE, DIRECTOR

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

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**AMERICA'S HOME LENDER, INC.**  
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.

Docket Number : 15213614  
Date Inc/Auth/Filed: 08/07/1996  
Jurisdiction : Georgia  
Print Date : 01/27/2018  
Form Number : 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State