F23000003511

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filling Officer:				

Office Use Only



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SECNE ARY OF STAT



Corp

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

	ion of Corporations			
SUBJECT:	Amerifinancial Home Mortgage, Inc. Name of corporation - must include suffix			
oobobe.				
Dear Sir or M	adam:			
"Certificate of		Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.	
Please return	all correspondence concerning	this matter t	o the following:	
Frank Asen				
	- 1	Name of P	erson	
Amerifinancial	Home Mortgage, Inc.			
		Firm/Comp	any	
421 N. Northw	rest Hwy Suite 16			
		Addres	S	
Barrington, IL	60010			
	(City/State an	d Zip code	
frankasen@am	erifinancial.net			
	E-mail address: (t	o be used fo	r future annual report notification)	
For further in	formation concerning this matt	er, please ca	II:	
Frank Asen	at	847	382-4545	
Name	e of Person	Area Code	Daytime Telephone Number	
Regis Divis The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amoun eck payable to: FLORIDA DEPAing Fee	ARTMENT (OF STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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. Ameritinancial	Home Mortgage, Inc.	
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
(If name unqueil	shie in Florido, enter alternate composite game	adopted for the purpose of transacting business in Florida)
	•	•
2. Illinois	3.	36-4289136
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
02/08/1999 4.	5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
6. NA		
o		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
421 N. Northwes	t Hwy. Suite 16 Barrington, IL 60010	
/. <u></u>		ice street address)
	(1 m. p. a.	<u>vi, vi, </u> uuli voo)
	(Cumant moili	ng address, if different)
	(Curent man	ng address, it different)
		0 D NOT
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	Tom Gust	
	4911 Bimini Dr	
Office Address:		
	Bradenton	Florida 34210
	(City)	, Florida 34210 (Zip code)
		2023 SEC TA
9. Registered ag	ent's acceptance:	ice of process for the above stated corporation at the place s
riuving oeen num designated in this	and as registered agent and to accept servers application. I hereby accept the appoint	nce of process for the above stated corporation at the place is ment as registered agent and agree to act in this capacity. I
		relative to the proper and complete performance of my dutie.
and I am familiai	with and accept the obligations of my pe	osition as registered agent. So = T
		Salon as registered agent.
		77 63
_	(Wash	
	(Registered agent's	ignature)

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.

A. DIRECTORS Frank Asen Name: _____ □ Chairman □Chairman 1001 Leah Dr Address: _____ Address: ☐ Vice Chairman ☐ Vice Chairman Cary, IL 60013 Director Director □ President President □Vice President ☐ Vice President **■** Secretary ☐ Treasurer ☐ Treasurer ☐ Secretary □Other _____ Other _____ □Other _____ □Other _____ Name: _____ □ Chairman Name: _____ ☐ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □ Director ☐ Director □ President ☐ President □Vice President _ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □ Other _____ □Other _____ Name: ______ ☐ Chairman □ Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: ______ □ Director □ Director ☐ President ☐ President □ Vice President _____ ☐Vice President □Treasurer ☐ Secretary ☐ Secretary ☐Treasurer □Other _____ Other □Other _____ □Other ____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Frank ASEN 13. _____

File Number

6034-149-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

AMERIFINANCIAL HOME MORTGAGE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 08, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 1ST day of JUNE A.D. 2023 .

Authenticate at: https://www.ilsos.gov

Authentication #: 2315202672 verifiable until 06/01/2024

Alexi Sianon

SECRETARY OF STATE