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(Address)
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(Audiess)
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April 8, 2009

Region Code 672

Florida Secretary of State Division of Corporations Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir/Madam:

We are filing the following documents on behalf of <u>Amerifirst Direct & Associates</u>, LLC

Application for Certificate of Authority

The items checked below are enclosed.

Submission Cover Sheet
 Check #97826 \$ 125.00
 Certificate of Good Standing
 Articles of Incorporation

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Kristy Carter

Kristy Carter Licensing Specialist 111 N. Railroad Groesbeck, TX 76642

Ph: 254*729*6107 Fax: 254*729*8069

kcarter@licensing4insurance.com

TI

www.licensing4insurance.com

Fax: 254 729-8069

COVER LETTER

74-3165371

TO: Registration Section Division of Corporations	
SUBJECT: Amerifirst Direct & Associates, LLC (Name of Lim	ited Liability Company)
	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
Kristy Carter	
(Na	me of Person)
ILSA (Fir	m/Company)
111 N. Railroad St.	(Address)
111 N. Railroad St. (City/Sta	ate and Zip Code)
For further information concerning this matter, ple	ase call:
Kristy Carter (Name of Person)	at (254) 729-6107 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Amerifirst Direct & Associates, LLC (Name of Foreign Limite	ed Lia	ability Company)	•			-
2.	NC (Jurisdiction under the law of which foreign limited liabilit	3. iv	74-3165371 (FEI num	ber, if applica	able)		_
ı	company is organized)	•		, «FF	,		
4.	(Date of Organization)	5.	Perpetual (Duration: Year limite exist or "perpetual")	d liability com	pany will cea	ise to	-
6.	upon qualification (Date first transacted business in (See sections 608.501 & 608.502 I	Flor	ida, if prior to registration o determine penalty liabil	ity)	· · · · · · · · · · · · · · · · · · ·		_
7.					SEC	09	_ ass
	7903 Providence Road Charlotte	ACC 0:	NC Principal Office)	28277	RE TAF	PR =	0 सम्बद्ध - <u>श</u> ुब्द्ध
	If limited liability company is a manager-manag	ged c	ompany, check here		RY OF ST SEE FLO	+ AM IO:	
9.	The name and usual business addresses of the m	anag	ging members or man	agers are as	follo	<u>.</u>	-
	Jordan Cain 8316 Victoria Lak	ke Dr	. Waxhaw	NC	28173		-
	Robert Neely 424 Herdon Row	war	Fort Mill	SC	29715		_
the trai	Attached is an original certificate of existence, no more than a jurisdiction under the law of which it is organized. (A photox instantion of the certificate under eath of the translator must be so. Nature of business or purposes to be conducted.	copy ubmi	is not acceptable. If the certified.)	tificate is in a f			- cords
	Non-Resident Insurance Agency						<u>.</u>
	Robert Neel	lu	·				
	Signature of a member or an (In accordance with section 608.408(3 an affirmation under the penalties of p), ì -s	., the execution of this docu	nent constitutes			
	Robert Neely	- امره	anno of signas				
	i ypea or prin	tea i	name of signee				

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	me of the Limited Liability Con st Direct & Associates, LL			
If name un	navailable, the alternate name to	be used in the state of Florida is:		
2. The nai	me and the Florida street addres	es of the registered agent and office	e are:	
	L APR			
	(Name)			
	1201 Hays Street		F SSEE	
	FLOS F			
	Tallahassee	FL 32301	AMIO: 48 OF STATE E FLORIDA	
	<u></u>	City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company By William M. Ed

(Signature)

William M. Edrington, Authorized Representative

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AMERIFIRST DIRECT & ASSOCIATES, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 8th day of February, 2006, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Certification# 89012672-1 Reference# 9593905- Page: I of I Verify this certificate online at www.secretary.state.nc.us/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of March, 2009.

Elaine I. Marshall

Secretary of State