

FO000000/291

TRANSMITTED BY LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Amerifund Financial, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

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:

Richard E. Ardmore
(Name of Person)
Amerifund Financial, Inc.
(Firm/Company)
8833 Pacific Avenue, Suite
(Address)
Tacoma, WA 98444
(City/State/Zip)

FILED
00 MAR -8 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000003141552--2
-02/21/00--01107--005
*****87.50 *****87.50

Should you need to call someone concerning this matter, please call:

Karen M. Munz at (253) 535-9415
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed 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

FOO-1291

Name	3-9
Availability	
Department	
Extension	
Unit	
Initials	
Signature	
W. P. Ver	



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 24, 2000

RICHARD E. ARDMORE
8833 PACIFIC AVENUE, SUITE G
TACOMA, WA 98444

SUBJECT: AMERIFUND FINANCIAL, INC.
Ref. Number: W00000005060

FILED
00 MAR -8 PM 5: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMERIFUND FINANCIAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 800A00009979

All★Fund

Mortgage Corporation

8833 Pacific Ave., Ste. G, Tacoma, WA 98444

Of. (253) 535-9415, Fax (253) 535-9416

March 3, 2000

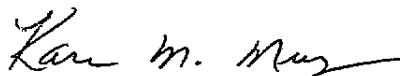
Florida Dept. of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: Certificate of Authority

Enclosed is a corporate resolution adopting a fictitious corporate name for use in the state of Florida. I am enclosing a return Fed Ex Envelope to expedite my receiving the filed documents in a timely fashion. I will be applying for a Mortgage Brokering and Lending License upon receipt of them and am behind in my schedule for doing so because of the problem with name availability. Is there also any way you can fax me a copy of the document ahead of mailing it to facilitate the process. If so please fax to: Karen 253-535-5839.

Thank you in advance. Please call if necessary. 1-800-515-4770

Respectfully,



Karen M. Munz
Executive Assistant / All Fund Mortgage

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION RESOLUTION AND AUTHORITY

The undersigned, being the Secretary of Amerifund Financial, Inc. DBA All Fund Mortgage Corporation (hereinafter "Corporation"), does certify:

1. That I am the duly elected and qualified Secretary of said Corporation and the keeper of the records and corporate seal and;
2. That a resolution of the Board of Directors of the Corporation, was duly adopted by the unanimous consent of said Board authorizing any officer of the corporation to execute, deliver, and to make certifications, warranties and representations, and to execute all documents necessary of convenient to conduct business on behalf of the Corporation and said Board and said resolution has not been amended, altered or repealed and remains in full force on the date hereof.
3. That a resolution of the Board of Directors of the Corporation was duly adopted by the unanimous consent of said Board authorizing the use of the name All Fund, Inc. for the purpose of conducting business in the state of Florida.

IN WITNESS WHEREOF, I have hereunto affixed my name as Secretary this _____ day of _____, 1999.

RE Ardmore Secretary
Richard E. Ardmore

**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. Amerifund Financial, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Washington
(State or country under the law of which it is incorporated)
3. 91-1567617
(FEI number, if applicable)
4. 9/2/92
(Date of incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A upon qualification
(Date first transacted business in Florida) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2833 Pacific Ave. Suite G
Tacoma, WA 98444
(Current mailing address)

8. originate process, broker, fund real estate mortgages
(Purpose(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 or Mail Drop Box NOT acceptable)

Name: Charles A. Wright

Office Address: 582 Freeman St.
Longwood, Florida, 32750
(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.

Charles A. Wright
(Registered agent's signature)

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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00 MAR - 8 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Richard E. Ardmore

Address: 31418 Mountain Hiway,
Eatonville, WA 98328

Vice President: N/A

Address: _____

Secretary: Richard E. Ardmore

Address: 31418 Mountain Hiway
Eatonville, WA 98328

Treasurer: Nancy L. Ardmore

Address: 31418 Mountain Hiway
Eatonville, WA 98328

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

13. Richard E. Ardmore
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard E. Ardmore
(Typed or printed name and capacity of person signing application)

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

AMERIFUND FINANCIAL, INC.

I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on September 2, 1992.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.



Date: December 17, 1999

*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*

SBF

Ralph Munro, Secretary of State