

# F02000003352

Capitol Services,

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734  
Kathi or Brent

Office Use Only

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02 JUL - 1 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. AmeriFirst Financial Group, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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87/01/02--01046--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

☒ Walk in ☒ Pick up time 7/1

☒ Certified Copy

☐ Mail Out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RECEIVED  
02 JUL - 1 AM 11:07  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

F02-3352  
OK

Examiner's Initials

# TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amerifirst Financial Group, 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:

Dan W. Armstrong, Esq.  
(Name of Person)  
Law Offices of Dan W. Armstrong  
(Firm/Company)  
814 A1A North, Suite 306  
(Address)  
Ponte Vedra Beach, FL 32082  
(City/State and Zip code)

For further information concerning this matter, please call:

Dan W. Armstrong at ( 904 ) 280-0058 ext11  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration 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

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**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. Amerifirst Financial Group, 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. Georgia

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. June 24, 2002

(Date of incorporation)

5. \_\_\_\_\_

(Duration: Year corp. will cease to exist or "perpetual")

6. June 26, 2002

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification" (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 814 A1A North, Suite 307, Ponte Vedra Beach, FL 32082

(Principal office address)

814 A1A North, Suite 307, Ponte Vedra Beach, FL 32082

(Current mailing address)

8. Investment Holding Company

(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: Dan W. Armstrong, Esq.

Office Address: 814 A1A North, Suite 306

Ponte Vedra Beach

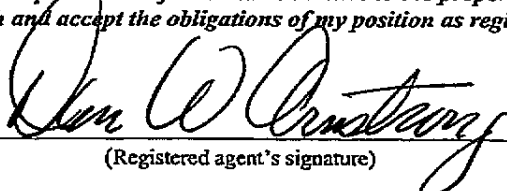
(City)

, Florida 32082

(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.*



(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Randy Stelk  
 Address: 814 A1A North, suite 307  
Ponte Vedra Beach, FL 32082  
 Vice Chairman: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Director: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Director: \_\_\_\_\_  
 Address: \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

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B. OFFICERS

President: Randy Stelk  
 Address: 814 A1A North, Suite 307  
Ponte Vedra Beach, FL 32082  
 Vice President: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Secretary: Terri Morris  
 Address: 814 A1A North, Suite 307, Ponte Vedra Beach, FL 32082  
 Treasurer: Terri Morris  
 Address: 814 A1A North, Suite 307, Ponte Vedra Beach, FL 32082

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

13. Terri A. Morris  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
 14. Terri Morris, Treasurer/Secretary  
 (Typed or printed name and capacity of person signing application)

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

CONTROL NUMBER : 0231829  
DATE INC/AUTH/FILED: 06/24/2002  
JURISDICTION : GEORGIA  
PRINT DATE : 06/28/2002  
FORM NUMBER : 211

CAPITOL SERVICES, INC.  
KATHLEEN J. HILL  
1406 HAYS ST., SUITE 2  
TALLAHASSEE, FL 32301

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

**AMERIFIRST FINANCIAL GROUP, INC.**  
**A GEORGIA PROFIT CORPORATION**

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

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Cathy Cox  
Secretary of State