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| Certified Copies             | Certificates    | of Status   |  |  |
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| Special Instructions to Fili | ng Officer:     |             |  |  |
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2017 AN OF CORPORATIONS

ANASSEE, FLORIDA

# TRANSMITTAL LETTER

| SUBJECT:   | ALLSTAT  | E FINANCIAL SE                   | RVICES, INC.                             |   |
|--|--|----------------------------------|--|---|
|  |  | (Name of corp                    | oration - must include s                 | suffix)   |
| Dear Sir or Ma   | adam:  |                                  |  |   |
|  | Existence",  | and check are submitte           |  | Fransact Business in Florida", referenced foreign corporation |
|  | _  | lence concerning this r          | matter to the following:                 | *55.00<br>*55.00  |
| MICHAEL O  | CONNOR   | (Na:                             | me of Person)                            |   |
| AT.T.STATE   | FINANCIA   | ·                                | C .                                      | 7   |
|  |  |                                  | m/Company)                               |   |
| 1050 ድ. ፑ  | T.AMTNGO   | ROAD, SUIȚE E-                   |  |   |
|  | 44411411UU   |                                  |  |   |
| 1030 11 1  | ZAHENGO  |                                  | Address)                                 |   |
| LAS VEGAS  |  | (                                | <del> </del>                             |   |
| LAS VEGAS  | , NV 891   | 19 (City/S                       | Address)  tate and Zip code)             |   |
| LAS VEGAS For further info   | , NV 891   | (City/S cerning this matter, ple | Address)  tate and Zip code)             |   |
| LAS VEGAS For further info   | , NV 891  ormation con 'CONNOR   | (City/S cerning this matter, ple | Address)  tate and Zip code)  case call: |   |
| For further info  MICHAEL O  (Name  STREET ADI  Registration Se  Division of Con                                   | , NV 891  commation construction construction  cof Person)  CRESS:  ection reporations St. | (City/S cerning this matter, ple | Address)  tate and Zip code)  case call: | PRESS: tion porations   |
| For further info  MICHAEL O  (Name  STREET ADI  Registration Se  Division of Cos  409 E. Gaines S  Tallahassee, FI | NV 891  ormation con CONNOR of Person)  ORESS: ection reporations St. 232399               | (City/S cerning this matter, ple | Address)                                 | PRESS: tion porations   |

#### CORPORATION ADOPTING AN ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

I, THE UNDERSIGNED Michael O'Connor, do hereby certify that the following is a true, complete and correct copy of a certain resolution of the Board of Directors of Allstate Financial Services, Inc., a corporation duly organized and existing under the laws of the State of Nevada, which resolution was duly adopted at a duly called meeting of the said Board, held on February 26, 2003, a quorum being present, and is set forth in the minutes of the said meeting; and that the said resolution has not been rescinded or modified:

"Resolved the Allstate Financial Services, Inc. organized and existing in the State of Nevada, hereby adopts the name Allstate Financial Group DBA Allstate Financial Services corporation for use in the State of Florida for all purposes; and further resolved that the officers of the corporation are authorized and directed to take all steps that they deem necessary and appropriate to qualify the corporation to do business within the State of Florida under the name of Allstate Financial Group DBA Allstate Financial Services Corporation and resolved further that all activities and business of the corporation within the State of Florida shall be carried out under the name Allstate Financial Group DBA Allstate Financial Services Corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name on this the 26th day of February, 2003.

Vichael O'Connor

Secretary

### 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.                         | <ul> <li>ALLSTATE FINANCIAL SERVICES</li> <li>(Name of corporation; must include the word "INe words or abbreviations of like import in language natural person or partnership if not so contained in</li> </ul> | CORPORA' as will clear | TED'      | dicate tha |                  |         |              |            |           |           |
|----------------------------|--|------------------------|-----------|------------|------------------|---------|--------------|------------|-----------|-----------|
| 2.                         | NEVADA   | 2                      | <b>.</b>  | 88-02      | 34780            |         |              |            |           |           |
|                            | (State or country under the law of which it is incor   | porated)               |           |            | (FEI num         | ber, i  | f applica    | ble)       |           | _         |
| 4.                         | NOVEMBER 10, 1986  | 5                      | <b>5.</b> | PERP       | ETUAL            |         |              |            |           |           |
| ••                         | (Date of incorporation)  |                        |           |            | Year corp. v     | vill ce | ase to ex    | ist or "pe | erpetual" | <u>')</u> |
| 6.                         | UPON QUALIFICATION   |                        |           |            |                  |         |              | -          |           |           |
| -                          | (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.                         | 1050 E. FLAMINGO ROAD, SUI   | TE E-3                 | 20,       | LAS        | VEGAS,           | NV      | 89119        |            |           |           |
| (Principal office address) |  |                        |           |            |                  |         |              |            |           |           |
|                            | SAME   |                        |           |            |                  |         | 7            | P.O.       | 多 ?       |           |
|                            | (Сигтеп  | t mailing ad           | dress     | )          |                  |         |              | 至9.        | <u> </u>  | W         |
| 8.                         | CONSUMER COLLECTION AGENCY   |                        |           |            |                  | -       |              | 1356.      | 3         |           |
|                            | (Purpose(s) of corporation authorized in hor   | ne state or o          | count     | ry to be o | arried out in    | state   | of Florid    | a) (       | 22        | [~        |
| 9.                         | Name and street address of Florida registe   | red agent              | : (P.     | O. Box     | or Mail Dro      | р Во    | x <u>NOT</u> | acceptal   | 高多        |           |
|                            | Name: NRAI SERVICES,   | INC.                   |           | _          |                  |         |              |            |           |           |
| Of                         | ffice Address: 526 E. PARK AVE   |                        |           |            |                  |         |              |            |           |           |
|                            | TALLAHASSEE  |                        |           | . Flor     | ida <u>32301</u> |         |              |            |           |           |
|                            | (City)   |                        |           |            | (Zip c           |         | _            |            |           |           |
| 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 signatur

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 business addresses of officers and/or directors:

| A. DIRECTORS        |  |
|---------------------|--|
| Chairman: MIC       | HAEL O'CONNOR  |
| Address: 105        | O E. FLAMINGO ROAD, SUITE E-320  |
| LAS                 | VEGAS, NV 89119  |
| Vice Chairman: NO   | NE   |
| Address:            |  |
|                     |  |
| Director: MIC       | HAEL O'GONNOR  |
| Address: 105        | O E. FLAMINGO ROAD, SUITE E-320  |
| LAS                 | VEGAS, NV 89119  |
| Director:           | A Company of the comp |
|                     |  |
| <del></del>         |  |
| B. OFFICERS         |  |
| President: MIC      | HAEL O'CONNOR  |
| Address:105         | O E. FLAMINGO ROAD, SUITE E-320  |
| LAS                 | VEGAS. NV 89119  |
| Vice President: NON | IE   |
| Address:            |  |
|                     |  |
| Secretary: MIC      | HAEL O'CONNOR  |
| Address: 105        | O E. FLAMINGO ROAD, SUITE E-320 LAS VEGAS, NV 89119  |
| Treasurer: MIC      | HAEL O'CONNOR  |
| Address: 105        | 60 E. FLAMINGO ROAD, SUITE E-320 LAS VEGAS, NV 89119   |
|                     |  |
| NOTE: If necessar   | ry, you may attach an addendum to the application listing additional officers and/or directors.  |
| 13.                 | gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)   |
|                     |  |
| 14. MICHAEL O'      | (Typed or printed name and capacity of person signing application)   |



CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALLSTATE FINANCIAL SERVICES**, **INC.** as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **November 10**, **1986**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **February 26, 2003**.

DEAN HELLER Secretary of State

Ву

Certification Clerk

