

FD3 000004257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

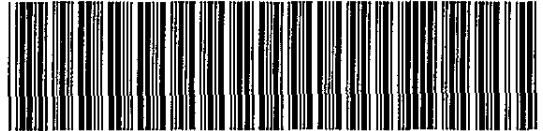
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/03 10:00 AM
FILED

FD3-4257
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Financial Credit Services, Incorporated
(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:

Kris Williams
(Name of Person)

American Financial Credit Services, Incorporated
(Firm/Company)

9247 N. Meridian St., Suite 206
(Address)

Indianapolis, IN 46260
(City/State and Zip code)

For further information concerning this matter, please call:

Kris Williams at (317) 705-4237 x 101
(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

FILED
MAR 2 11 09 AM '99

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. American Financial Credit Services, Incorporated
(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. Indiana 3. 35-1917876
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 3, 1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
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. 9247 N. Meridian St., Suite 206, Indianapolis, IN 46260
(Principal office address)
9247 N. Meridian St., Suite 206, Indianapolis, IN 46260
(Current mailing address)
8. Receivable Management Services
(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: Melinda J. Butler
Office Address: 1770 Ben Franklin Drive #602
Sarasota, Florida 34230
(City) (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.

Melinda J. Butler
(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.

FILED
MAY 11 1993
TAMPA, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kris Williams

Address: 14627 Beacon Blvd
Carmel, IN 46032

Vice President: _____

Address: _____

Secretary: Ivan D Solomon

Address: 4930 Washington Blvd, Indianapolis, IN 46205

Treasurer: Stephen K Andrews

Address: 2028 Fahney Drive, Carmel, IN 46032

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

13. Kris Williams
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kris Williams, President
(Typed or printed name and capacity of person signing application)

FILED
OCT 16 2 14 PM '05
INDIANAPOLIS, IN

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

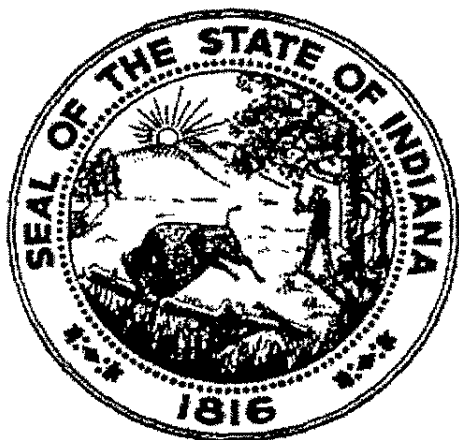
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

AMERICAN FINANCIAL CREDIT SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 03, 1993, and was in existence or authorized to transact business in the State of Indiana on August 18, 2003.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand
and affixed the seal of the State of Indiana, at the
city of Indianapolis, this Eighteenth Day of August, 2003 .

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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