

F04000001584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

CK-UP

☐

WAIT

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MAIL

(Business Entity Name)

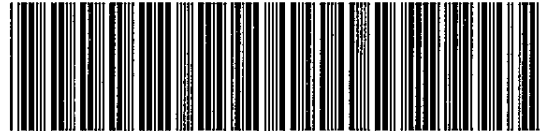
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Certified C s \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special

Instructions to Filing Officer:

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RECEIVED  
04 MAR 23 PM 1:02  
EST. DIVISION OF STATE  
TALLAHASSEE, FLORIDA

FILED  
04 MAR 23 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDI  
103 N. ME  
TALLAH.  
222-1173

AGENTS, INC. (formerly CCRS)  
IAN STREET, LOWER LEVEL  
EE, FL 32301

FILING  
ACCT. #

VER SHEET  
A-14

**FILED**  
04 MAR 23 PM 5:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTA : KATIE WONSCH

DATE: 3/23/04

REF. #: 0173.24691

CORP. I ME: AMERIQUEST FUNDING COMPANY

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLE OF INCORPORATION         | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      |   |  |
| <input type="checkbox"/> OTHER:                           |   |  |

STATE I IS PREPAID WITH CHECK# 507804 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |  |

Examiner initials

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
RECORD FOR A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **Request Funding Company, Inc.**

(Name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **State of origin**

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

3. **Pending**

(FEI number, if applicable)

4. **Month 18, 2004**

(Date of incorporation)

5. **Perpetual**

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

6. **Qualification**

(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. **Town & Country Road, Suite 1100, Orange, Ca 92868**

(Principal office address)

1. **Town & Country Road, Suite 1100, Orange, Ca 92868**

(Current mailing address)

8. **Lawful business**

(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: **NRAI Services, Inc.**

Office address: **526 E. Park Avenue**

**Tallahassee**

(City)

, Florida **32301**

(Zip code)

10. **Registered agent's acceptance:**

*Have 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.*

**NRAI Services, Inc.**

By: 

(Registered agent's signature)

Paul J. Hagan, Assistant Secretary

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  
and the law of which it is incorporated.**

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

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Thomas J. Noto

Address: 1100 Town & Country Road, Suite 1100

Orange, CA 92868

Director: John P. Grazer

Address: 1100 Town & Country Road, Suite 1100

Orange, CA 92868

**B. SECRETARIES**

President: Thomas J. Noto

Address: 1100 Town & Country Road, Suite 1100

Orange, CA 92868

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Diane E. Tiberend

Address: 1100 Town & Country Road, Suite 1100, Orange, CA 92868

Treasurer: Karen Christensen

Address: 1100 Town & Country Road, Suite 1100, Orange, CA 92868

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

13. 

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

14. Diane E. Tiberend, Secretary

(Typed or printed name and capacity of person signing application)

# Delaware

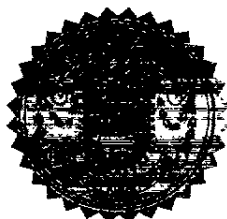
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERIQUEST FUNDING COMPANY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERIQUEST FUNDING COMPANY, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3727907 8300

AUTHENTICATION: 3000064

040205929

DATE: 03-19-04