

F04000002027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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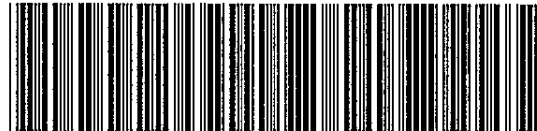
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 APR -5 PM 12:28
DIVISION OF CORPORATE AFFAIRS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aurora Financial Services, 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:

Preston Washington
(Name of Person)

Aurora Financial Services, Inc.
(Firm/Company)

1 Seine Court Suite 504
(Address)

New Orleans, LA 70114
(City/State and Zip code)

For further information concerning this matter, please call:

Preston Washington at (504) 362-2494
(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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DIVISION OF CORPORATIONS

**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. Aurora Financial services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "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. Louisiana 3. 72-1435825
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/22/99 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. 1 Seine Court Suite 504 New Orleans, LA 70114
(Principal office address)
- 1 Seine Court Suite 504 New Orleans, LA 70114
(Current mailing address)
8. Residential Mortgage Lender
(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: Erica Blanchard
- Office Address: 3810 Islamorada Drive
Ormond Beach, Florida 32174
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: Richard Hollins

Address: 1 Seine Ct Ste 504
New Orleans, LA 70114

Vice Chairman: Preston Washington

Address: 1 Seine Ct Ste 504
New Orleans, LA 70114

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Richard H. Hollins

Address: 1 Seine Court Suite 504
New Orleans, LA 70114

Vice President: Preston Washington

Address: 1 Seine Court Suite 504
New Orleans, LA 70114

Secretary: Preston Washington

Address: 1 Seine Court Suite 504 New Orleans, LA 70114

Treasurer: _____

Address: _____

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Preston Washington Secretary

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

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UNITED STATES OF AMERICA

State of Louisiana

JOX McKEITHEN
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
the Articles of Incorporation of

AURORA FINANCIAL SERVICES, INC.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on January 28, 1999,

I further certify that no Certificate of Dissolution has
been issued.

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*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

March 10, 2004

Jox McKeithen

ABA 34735710D

Secretary of State

