

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

FOREIGN PROFIT QUALIFICATION

Assurafirst Financial Company

Certificate of Status	0
Certified Copy	0
Page Count	,94 5
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Washington March

Companie Filipa

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

October 11,	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 Rd., Suite 444, Southfield	. 5.	(FEI number, if applicable) Perpetual (Duration: Year corp. will cease to exist or	"perpetual	
October 11, . (Date	(Date first transacted busin (SEE SECTIONS 607.1501 & 60 Rd., Suite 444, Southfield	eas û	Perpetual (Duration: Year corp. will cease to exist or	"perpetual	m)
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16400 Lahser	(Date first transacted busin (SEE SECTIONS 607.1501 & 60 Rd., Suite 444, Southfield		<u> </u>	P	
· · · · · ·	(SEE SECTIONS 607.1501 & 60 Rd., Suite 444, Southfield				• •
· · · · · ·		w	502, F.S., to determine penalty liability)		
lamo	(Principal office			- 27	-0
	(Interpret of the		,	<u></u>	
D LETTING.	(Current mailing	add:	Troe's		331
Engage in			king, mortgage lending, and ma	oxbaace	w
	, and any and all activition			<u>(1)</u> 	-
			untry to be carried out in state of Florida)		
Name and street	address of Florida registered agent:	(ア.0	D. Box NOT acceptable)	7	8.4 :01 M
Name:	CT Corporation System				
ice Address:	1200 S. Pine Island Road				
	Plantation		, Florida 33324		
	(City)		(Zip code)		
ing been name gnated in this o her agree to con	application, I hereby accept the appo imply with the provisions of all statut	insm es ro	ce of process for the above stated corporatest as registered agent and agree to actiliative to the proper and complete perforition as registered agent. CONNIE BRYAIT OPECIAL ASSISTANT SPECIAL	in this cap mance of	pacity.

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction with the law of which it is incorporated.

Names and business addresses of officers and/or directors:

N

1:

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DIRECTORS		
tirman: N/A		
ireas:		_
e Chairman: N/A		
lress:		
etor: Dennis Carr, Bruce Carr and Warren Carr		
ress: 26400 Lahser Rd., Suite 444. Southfield, MI 49034		
ctor:		
ress:		-
)FFICERS		Ot, DEC
dent: Dennis Carr		
tsa: 26400 Lahser Rd., Suite 444, Southfield, MI 48034	(2)	A
President: Warren Carr		<u>-5</u>
26400 Lahser Rd., Suite 444, Southfield, MI 48034	*****	
	,	
Mry: Bruce Canr		
at: 26400 Lahser Rd., Suite 444. Southfield, MI 48034		
rec: Bruce Carr		
as: Same		
E: If necessary, you may attach an addendum to the application listing additional officers	and/or directo	лъ.
(Signature of Director or Officer listed in number 12 of the application) ruce Carr. Secretary and Treasurer		
(Typed or printed name and capacity of person signing application)		



Lansing, Michigan

is to Certify That

ASSURAFIRST FINANCIAL COMPANY

validly incorporated on October 11, 2004, as a Michigan profit corporation, and said corporation lidly in existence under the laws of this state.

certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the tration is in good standing in Michigan as of this date and is duly authorized to transact business for no other purpose.

partificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit it in every court and office within the United States.



ent by Facsimile Transmission 20033

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of December, 2004.

, Directo

Bureau of Commercial Services