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(Req	uestor's Name)	
(Add	ress)	
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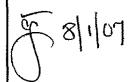


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SECRETARY OF STATE DIVISION OF CURPURATIONS



SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

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07 AUG -1 PM 3: 20

TO: New Filing Section Division of Corporations			
SUBJECT: American Mutual C (Name of corpo	apital Corp. ration - must include suffix)		
Dear Sir or Madam:	,		
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to		
Please return all correspondence concerning this ma	atter to the following:		
Phillip N	1 Call		
Phillip No.			
American Mutual Capital Corp. (Firm/Company) 1/35 E. Route 66, Suite 201 (Address)			
(Firm	(Company)		
1/35 E. K	Ponte 66, Saite 201		
Glendora	ate and Zip code)		
(City/St	rate and Zip code)		
For further information concerning this matter, plea	ase call:		
Phillip McCall at (62 (Name of Person) (A	6,335-9808		
(Name of Person) (A	rea Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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 Mutual Capital Corp. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
(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. <u>California</u> 3. <u>20-8948652</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)	- .
4. 4-30-2007 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6. No Business has been done	
(Date first transacted business in Florida, if prior to registration)	_ '
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 1135 E. Rte 66, Suite 201, Glendora, CA 91740 (Principal office address)	
Same As Above (Current mailing address)	_
(Current mailing address)	
e Mortage Broken	
8. Mortgage Broker (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	- · ·
	OIVS
· ·	SEC
Name: Kim Seagers	≥ €
Office Address: 1000 Napa Way Niceville , Florida 37578 (City) (Zip code)	
Office Address: 1000 Napa Way Niceville , Florida 37578 (City) (Zip code)	385
(City) (Zip code)	ST/ OR/A
o°.	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the	Elace
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa	city. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of m and I am familiar with and accept the obligations of my position as registered agent.	y duties
Jun Jely J. Walt	
(Registered agent's signature)	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applic	
the Department of State, by the Secretary of State or other official having custody of corporate records in the juris	diction

under the law of which it is incorporated.

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

A. DIRECTORS		
Chairman: Phillip McCall		
Address: 1701 Sandalwood Ave		g s Mar.
Fullerton, CA 92835		
Vice Chairman: Karen McCall		
Address: 1701 Sandalwood Ave		<u>.</u>
Fullerton, CA 92835		
Director:	<u> </u>	
Address:		#P4-5
<u> </u>) <u> </u> <u> </u>
Director:	ALG	SEE .
Address:		FE
	7	200 200
B. OFFICERS	ယ္ 2	E TA
President: Phillip McCall		ONS _
Address: 1701 Sandal Wood Ave	-	:
Fullerton, CA 92835		<u>:</u> _
Vice President: Karen MCCall		
Address: 1701 Sandalwood Ave		, .
Fullerton, CA 92835		<u> </u>
Secretary: Karen McCall		
Address: 1701 Sandalwood Ave, Fullerton, CA 9:	2 <i>83</i> 5	<u> </u>
Treasurer: Phillip McCall Address: 1701 Sandalwood Ave, Fullerton, CA 9		^^
Address: 1701 Sandalwood Ave, Fullerton, CA 9	12.83	35
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dire	otors	
0 0	Ciuis.	
13. (Signature of Director or Officer listed in number 12 of the application)		 .
14. Phillip McCall, President	<u></u>	
(Typed or printed name and capacity of person signing application)		

State of California Secretary of State

SECRETARY OF STATE DIVISION OF CORPORATIONS

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CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **30TH day of APRIL 2007, AMERICAN MUTUAL CAPITAL CORP.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 20, 2007.



Jena Bowen

DEBRA BOWENSecretary of State