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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

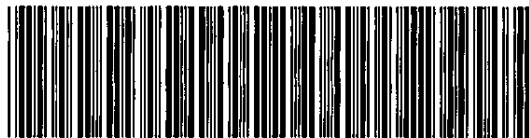
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: _____

AARON MORTGAGE COMPANY
(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:

DANIEL E. GOLDEN
(Name of Person)

AARON MORTGAGE COMPANY
(Firm/Company)

9900 SHALBYVILLE RD 10A
(Address)

LOUISVILLE, KY 40223
(City/State and Zip code)

For further information concerning this matter, please call:

CAROL RUBIN
(Name of Person)

at (502) 417-8564
(Area 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:

- ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2007

DANIEL E. GOLDEN
AARON MORTGAGE COMPANY
9900 SHELBYVILLE RD. #10A
LOUISVILLE, KY 40223

SUBJECT: AARON MORTGAGE COMPANY
Ref. Number: W07000037845

We have received your document for AARON MORTGAGE COMPANY and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist

Letter Number: 407A00048052

**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. AARON Mortgage Company
(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. JEFFERSON, Kentucky 3. 61-1247653
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/93 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9900 Shelbyville Rd 10A - Louisville, KY 40223
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. MORTGAGE BROKER 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 NOT acceptable)

Name: SAMANTHA GOLDEN

Office Address: 6270 SW 62ND CT

MIAMI, Florida 33143
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Samantha Golden
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DANIEL E Golden

Address: 3009 Indian Lake Dr, Louisville, KY 40241

Director: _____

Address: _____

B. OFFICERS

President: DANIEL E Golden

Address: 3009 Indian Lake Dr

Louisville, KY 40241

Vice President: J P DAVIS

Address: 6021 WATERFALL WAY PROSPECT ~~LOUISVILLE~~, KY 40069

LOUISVILLE, KY

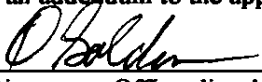
Secretary: CAROL RUBARTS

Address: 1684 VICTORY COURT - PROSPECT, KY 40069

Treasurer: SAME AS SECRETARY

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. DANIEL E Golden, PRESIDENT
(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky
Trey Grayson
Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

AARON MORTGAGE COMPANY

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is July 19, 1993 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of August, 2007.

Certificate Number: 51579

Jurisdiction: Florida Department of State Division of Corporations

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to validate the authenticity of this certificate.



Tn6z

Trey Grayson
Secretary of State
Commonwealth of Kentucky
51579/0817840