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Special Instructions to Filing Officer:		
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Office Use Only 2554-558-2553-2228 W08-13112-1992

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## SECRETARY OF STATE DIVISION OF CORPORATIONS

#### **COVER LETTER**

08 MAY -7 AM 8: 30

SUBJECT:     Conserved Surve   Conserved Services   Management	TO: New Filing Section Division of Corporations		
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:	SUBJECT: Mational Foreclas (Name of corporation - must	include suffix)	
"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:    Compared   Comp	Dear Sir or Madam:		
Color   Colo	"Certificate of Existence," and check are submitted to register th		
Street/Courier address   Courier Course (Firm/Company)   Suffect	Please return all correspondence concerning this matter to the fo	llowing:	
Street/Courier address   Courier Course (Firm/Company)   Suffect	Paker VD 110,56		
City/State and Zip code			
(City/State and Zip code)  For further information concerning this matter, please call:  **Relect Dallavia** at (\$\superscrips{90.4}\) (Area Code & Daytime Telephone Number)  **STREET/COURIER ADDRESS:** MAILING ADDRESS:** New Filing Section** Division of Corporations** Clifton Building** P.O. Box 6327 2661 Executive Center Circle** Tallahassee, FL 32301  Enclosed is a check for the following amount:  **\$\square\$\$\$\$\$\$78.75 Filing Fee & \$\square \square \squar	National Force (osure (Firm/Company)	aunsoling Service	
(City/State and Zip code)  For further information concerning this matter, please call:  **Relect Dallavia** at (\$404 ) 6/9 336 \to (Name of Person)** (Area Code & Daytime Telephone Number)  **STREET/COURIER ADDRESS:* MAILING ADDRESS:* New Filing Section** Division of Corporations** Division of Corporations** Clifton Building** P.O. Box 6327   2661 Executive Center Circle** Tallahassee, FL 32301  Enclosed is a check for the following amount:  **S70.00 Filing Fee** \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certificate Opy** Certificate of Status & \$78.75 Filing Fee, Certificate of Status & \$78.75 Filing Fee & Certificate of Status & \$78.75 Filing Fee, Certificate o	tious R . La ca P.	18 T Kan II T	
(City/State and Zip code)  For further information concerning this matter, please call:  **Rolect Dallavia** at (\$404 ) 6/9336 (Area Code & Daytime Telephone Number)  **STREET/COURIER ADDRESS:** MAILING ADDRESS:** New Filing Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301  **Enclosed is a check for the following amount:**  **S70.00 Filing Fee \$\frac{\$78.75}{\$1100}\$ Filing Fee & \$\frac{\$87.50}{\$1100}\$ Filing Fee, Certificate of Status & Certified Copy Certificate of Status & \$\frac{\$87.50}{\$1100}\$ Filing Fee, Certificate of Status & \$\frac{\$87.50}{\$1100}\$ Filing Fee, Certificate of Status & \$\frac{\$87.50}{\$1100}\$ Fee, Certificate of Status & \$\frac{{1000}{\$100}}{{1000}}\$	(Address)		
For further information concerning this matter, please call:  **Relect Dallavia** at (\$404 ) 6/93767 (Name of Person) (Area Code & Daytime Telephone Number)  **STREET/COURIER ADDRESS:** MAILING ADDRESS:** New Filing Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32301  Enclosed is a check for the following amount:  **S70.00 Filing Fee \$\bigsymbol{2}\$78.75 Filing Fee & \$\bigsymbol{2}\$87.50 Filing Fee, Certificate of Status &		32217	
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### SECRETARY OF STATE DIVISION OF CORPORATIONS

08 MAY -7 AH 8: 30

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2008

RAYMOND PAULK 4043 BAYMEADOWS ROAD SUITE C JACKSONIVLLE, FL 32217

SUBJECT: AMERICAN FINANCIAL CORP. DBA NATIONAL FORECLOSURE

COUNSELING SERVICES Ref. Number: W08000013112

We have received your document for AMERICAN FINANCIAL CORP. DBA NATIONAL FORECLOSURE COUNSELING SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the street address of each officer/director.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 708A00015206

#### 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY. "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") ivailable in Florida, enter alternate corporate name adopted for the purpose of transacting busines (State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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: Office Address: 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: Robert V Dallavie		
Chairman: Robert V Dallavie Address: 8212 White Falls Blud Uni		#//
Vice Chairman: Raymond Paulk  Address: 9/72 Prospector Lake Dr Jay F1 32244		
Address: 9/12 Prosperity Cato Dr Tax F/ 32244	<u>*</u>	
Director:	_	
Address:		
Director		<u> </u>
Director:	- <del>0</del> H	SECF
Address:	~~	<u> </u>
B. OFFICERS	7 AH	LED CORPC
President:	တ္တဲ့	STATE PRATE
Address:		- Series
Vice President:		
Address:		
Secretary:	,	
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.	
(Signature of Director or Officer listed in number 12 of the application)		
Robert(Bob) De llavia Director		
(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 "AMERICAN FINANCIAL CORP." 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 FIRST DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN FINANCIAL CORP." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2006.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -7 AM 8: 30

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080495189

AUTHENTICATION: 6562999

DATE: 05-01-08

You may verify this certificate online at corp.delaware.gov/authver.shtml