F12000003445

·
(Requestor's Name)
,
(Address)
, '
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinose Limity Name)
(Document Number)
Certified Copies Certificates of Status
Outside the street of Elizabeth
Special Instructions to Filing Officer:

Office Use Only



500238581245

08/20/12--01035--020 **78.75

SECREDIAN OF STATE FLORIDA

J. Shivers AU6 2 1 2012

23586 Calabasas Rd. Suite 102 Calabasas, CA 91302 Toll-Free: 888-692-6778 j Fax: 818-879-8005 Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

July 19, 2012

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Foreign Authority Filing - Ameristar Reverse Mortgage Corporation

Ladies and Gentlemen:

Please find enclosed for filing an application for certificate of authority, and any required supplemental documentation, for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation 23586 Calabasas Rd. Suite 102 Calabasas, CA 91302 ATTN: Post Formation Filings SECHEDARY OF STATE

COVER LETTER

TO: New Filing Section					
Division of Corporations					
SUBJECT: AMERISTAR REVERSE MORTGAGE CORPORATION					
(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:					
Fulfillment Department					
(Name of Person)					
My Corporation Business Services, Inc.					
(Firm/Company)					
23586 Calabasas Rd., Suite 102					
(Address)					
Calabasas, CA 91302					
(City/State and Zip code)					
For further information concerning this matter, please call:					
Meghan Record _{at (} 877 ₎ 692-6772	7	רונוט			
Meghan Record (Name of Person) at (877) 692-6772 (Area Code & Daytime Telephone Number)	12 AUG 20 AM 11: 06				
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 & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	È.				

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.

١.	(Enter name of c	corporation: must include "INCORPORATE Corp.," "Inc.," "Co.," or "Corp.")				
	(If name unavail	able in Florida, enter alternate corporate nat	ne	adopted for the purpose of transacting business in Florid	. <u></u> 1)	
2.	Delaware		3.		_	
	(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4.	07/16/201	2	5.	Perpetual		
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6.	Upon Filir	ng			_	
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.	1450 N. T	ustin Ave Ste 160 Santa Ar	na	, CA 92704		
•		(Principal office a	dđ	ress)	_	
	1078 Mill I	Pointe Bogart, GA 30622			_	
		(Current mailing a	ıdd	ress)		
8.	mortgage	banking		SECO FALLAI	12 AUG 20 AM II: 06	
	(Purpose(:	s) of corporation authorized in home state or	CC	puntry to be carried out in state of Florida) $\frac{100}{100}$	- G	1
9.	Name and street	et address of Florida registered agent; (I	P.C	D. Box NOT acceptable)	<u>∩</u>	
	Name:	Gabel Newbauer		ALC:		
O	ffice Address:	31425 SW 202nd Ave.		IDA IDA	90	
		Homestead		, Florida 33030		
		(City)		(Zip code)		

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) Gabel Newbauer

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 åddresses of officers and/or directors:

A. DIRECTORS			
Chairman: Daniel Wright		_	_
Address: 1078 Mill Pointe			
Bogart, GA 30622			
Vice Chairman: Gabel Newbauer			_
Address: 31425 SW 202nd Ave.			_
Homestead, FL 33030			_
Director: William Hall			_
Address: 1078 Mill Pointe			_
Bogart, GA 30622	***************************************	***************************************	••
Director: Melissa Skipper			
Address: 1078 Mill Pointe		•••••	-
Bogart, GA 30622			-
B. OFFICERS			
President: Daniel Wright			
Address: 1078 Mill Pointe			•
Bogart, GA 30622	25	A G	•
Vice President: Gabel Newbauer	55	G 20	-
Address: 31425 SW 202nd Ave.	# <u>`</u>	2	
Homestead, FL 33030	STA		
Secretary: Melissa Skipper	ਤੂਜ-	06	-
Address: 1078 Mill Pointe Bogart, GA 30622			•
Treasurer: Melissa Skipper	***************************************	***************************************	-
Address: 1078 Mill Pointe Bogart, GA 30622			-
			•
NOTE: If necessary, you may attach an adderdum to the application listing additional officers and/or direction	ectors.		
13. (Signature of Director or Officer listed in number 12 of the application)			
Daniel Wright, President			
(Typed or printed name and capacity of person signing application)			-

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERISTAR REVERSE MORTGAGE

CORPORATION" 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

SIXTEENTH DAY OF JULY, A.D. 2012.

12 AUG 20 AM II: 06
SECRETARY OF STATE

5184617 8300

120841065

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9713285

DATE: 07-16-12

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