Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Kmail	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION AMERICAN MORTGAGE & EQUITY CONSULTANTS, INC.

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15 INC.

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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.

inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
·			_
f name unavaila	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Plorida)	
Minnesota		3. 41-1941324	
tate or country (under the law of which it is incorporated)	(FEI number, if applicable)	
9/28/1998		5. perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	_
		s în Florida, if prior to registration)	_
705 Angber I	(SEE SECTIONS 607.1501 & 607 e Blvd NW, #203, Andover, MN 55304	.1502, F.S., to determine penalty liability)	
————	(Principal office a	ddress)	-
705 Bunker Lar	ne Blvd NW, #203, Andover, MN 55304		
	(Current mailing a	ddress)	-
Mortgage origination	on for the purchase and refinance of residential homes	and to engage in any lawful act or activity for which corporations may be	. 07520
(Purpose(s	of corporation authorized in home state or taddress of Florida registered agent: () NRAI Services, Inc.	s and to engage in any lawful act or activity for which corporations may be country to be carried out in state of Florida) P.O. Box NOT acceptable)	13 HAY -
(Purpose(s) Name and stress Name:	s) of corporation authorized in home state or at address of Florida registered agent: ()	country to be carried out in state of Florida)	13 HAY -6
(Purpose(s) Name and stress Name:	of corporation authorized in home state or taddress of Florida registered agent: () NRAI Services, Inc.	country to be carried out in state of Florida)	13 HAY -6
(Purpose(s) Name and stress Name:	of corporation authorized in home state or the address of Florida registered agent: (1) NRAI Services, Inc. 1200 South Pine Island Road	P.O. Box NOT acceptable)	13 HAY -6
(Purpose(s) Name and stress Name: fice Address:	of corporation authorized in home state or standards of Florida registered agent: (1) NRAI Services, Inc. 1200 South Pine Island Road Plantation (City)	P.O. Box NOT acceptable) , Florida 33324 (Zip code)	13 HAY -6 AM 10: 36
(Purpose(s) Name and stress Name: fice Address: Registered a rving been nan signated in this rther agree to c	e) of corporation authorized in home state or et address of Florida registered agent: (1) NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) gent's acceptance: et d as registered agent and to accept set application, I hereby accept the appoint	P.O. Box NOT acceptable) p.D. Box NOT acceptable)	13 HAY -6 AM 10: 36 5 5
(Purpose(s) Name and stress Name: fice Address: Registered a rving been nan signated in this rther agree to c	c) of corporation authorized in home state or cat address of Florida registered agent: (INRAI Services, Inc. 1200 South Pine Island Road Plantation (City) gent's acceptance: acd as registered agent and to accept see application, I hereby accept the appointments of all statutes are accept with the provisions of all statutes.	P.O. Box NOT acceptable) p.D. Box NOT acceptable)	13 HAY -6 AM 10: 36 5 5
(Purpose(s) Name and strest Name: lice Address: Registered a twing been nan signated in this ther agree to a ties, and I am	of corporation authorized in home state or the address of Florida registered agent: (1) NRAI Services, Inc. 1200 South Pine Island Road Plantation (City) gent's acceptance: and as registered agent and to accept see application, I hereby accept the appointments of all statute familiar with and accept the obligation	P.O. Box NOT acceptable) p.D. Box NOT acceptable)	13 HAY -6 AM 10: 36 page

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.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

	CTORS Stacey Elected
-	2705 Bunker Lane Blvd NW, #203, Andover, MN 55304
_ heir	man:
i s : _	
_ or:	
- DT:	
ent:	CERS Stacey Ellestad 2705 Bunker Lane Blvd NW, #203, Andover, MN 55304
	ident:
tary:	
-	
:22:	
E:	If nocessary, you may attach an addendum to the application listing additional officers and/or directors.
ne 1	Signature of Director or Officer cer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herei and that he or she is aware that false information submitted in a document to the Department of State constitute egree felony as provided for in 8.817.155, F.S.
	ey Ellestad, Prezident

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

American Mortgage & Equity Consultants,

Inc.

Date Filed:

09/28/1998

File Number:

101-62

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/01/2013



Mark Ritchie Mark Ritchie

Secretary of State State of Minnesota 13 MAY -6 AM 10: 36