

FI3000005216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

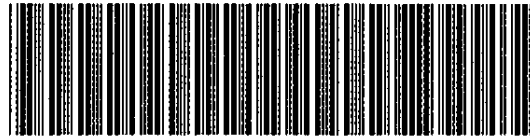
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/21/13--01022--006 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC -5 AM 11:09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2013

PHILIP J LEFEVRE
ACCORD FINANCIAL, INC.
10820 SUNSET OFFICE DR, SUITE 104
ST LOUIS, MO 63127

SUBJECT: ACCORD FINANCIAL, INC.
Ref. Number: W13000064788

13 DEC -5 PM 3:37

RECEIVED

We have received your document for ACCORD FINANCIAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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 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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 113A00027048

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ACCORD FINANCIAL, INC.

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," or "Certificate of Good Standing" 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:

PHILIP J LEFEVRE, PRESIDENT

Name of Person

ACCORD FINANCIAL, INC.

Firm/Company

10820 SUNSET OFFICE DRIVE, SUITE 104

Address

ST. LOUIS, MO 63127

City/State and Zip code

phil@accordstl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP LEFEVRE at (314) 394-2160

Name of Person

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

**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. **ACCORD FINANCIAL, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~ACCORD FINANCIAL~~ **ACCORD LENDING, INC**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **MISSOURI**

(State or country under the law of which it is incorporated)

3.

(FEL number, if applicable)

4. **02/17/2004**

(Date of incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. **PENDING LICENSING APPROVAL**

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

7. **10820 SUNSET OFFICE DRIVE, SUITE 104, ST. LOUIS, MO 63127**

(Principal office address)

10820 SUNSET OFFICE DRIVE, SUITE 104, ST. LOUIS, MO 63127

(Current mailing address)

8. **MORTGAGE BROKER - ORIGINATE AND CLOSE HOME LOANS**

(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:

KRISTIN JAMIESON

Office Address:

1859 SUNSET RIDGE DR.

MASCOTTE

(City)

, Florida

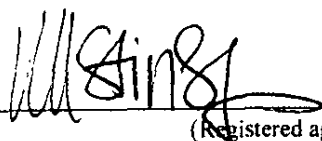
34753

(Zip code)

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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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: PHILIP LEFEVRE

Address: 10820 SUNSET OFFICE DRIVE, SUITE 104

ST. LOUIS, MO 63127

Vice President: GREG HOFFMEYER

Address: 509 SPLIT ROCK

JEFFERSON CITY, MO 65109

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. PHILIP J LEFEVRE, PRESIDENT

(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

ACCORD FINANCIAL, INC.
00568315

was created under the laws of this State on the 17th day of February, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 14th day of November, 2013



A handwritten signature of Jason Kander in black ink.

Secretary of State

Certification Number: 15750549-1

Reference:

Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>

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