

FIS0000002131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 MAY 12 AM 9:45
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Williams Financial Services, 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:

Sandy Mamo

Name of Person

Mark K. Rabidoux, PLC

Firm/Company

P.O. Box 1287

Address

Ann Arbor, MI 48106-1287

City/State and Zip code

smmamo@sbcglobal.net

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

For further information concerning this matter, please call:

Sandy Mamo

Name of Person

at (248) 225-3908

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

WILLIAMS FINANCIAL SERVICES, INC.

FILE NUMBER: C2997299
FORMATION DATE: 05/04/2007
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALL PINE

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 26, 2015.

ALEX PADILLA
Secretary of State

RML

**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. **Williams Financial Services, Inc.**

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

Golden Years Mortgage Solutions, Inc.

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

2. **CA** 3. **26-0226375**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **05/04/2007** 5. **perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. **1225 W. 190th Street, Suite 455, Gardena, CA 90248**
(Principal office address)

1225 W. 190th Street, Suite 455, Gardena, CA 90248
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

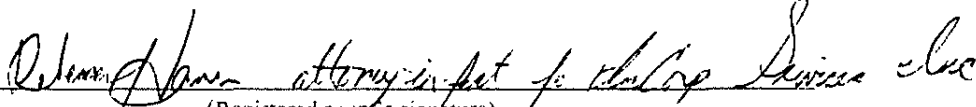
Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

15 MAY 12 AM 9:45
STATE OF FLORIDA
TALLAHASSEE

9. **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)

10. 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.


**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Rebecca Hanson and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Quik Filings, LLC have purchased agent service on through their account with InCorp Services, Inc.

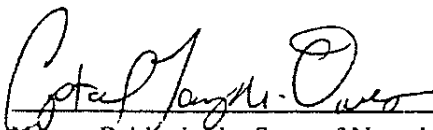
TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2014.



Aurora Murtey, Secretary

Dated: March 11, 2014

Signed in my presence this the 11th day of March 2014 by Aurora Murtey, State of Nevada.
County of Clark



Notary Public in the State of Nevada



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

A. DIRECTORS

Chairman: Jeffrey S. Williams

Address: 1225 W. 190th Street, Suite 455, Gardena, CA 90248

Vice Chairman: _____

Address: _____

Director: Ann Williams

Address: 1225 W. 190th Street, Suite 455, Gardena, CA 90248

Director: _____

Address: _____

B. OFFICERS

President: Jeffrey S. Williams

Address: 1225 W. 190th Street, Suite 455, Gardena, CA 90248

Vice President: Ann Williams

Address: 1225 W. 190th Street, Suite 455, Gardena, CA 90248

Secretary: Ann Williams

Address: 1225 W. 190th Street, Suite 455, Gardena, CA 90248

Treasurer: Jeffrey S. Williams

Address: 1225 W. 190th Street, Suite 455, Gardena, CA 90248

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

12. _____

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.

13. Jeffrey S. Williams, President

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

15 MAY 12 AM 9:45
S. J. Williams
TALLER