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(I	Requestor's Name)						
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## **COVER LETTER**

	ration Section					
	on of Corpor American Fin	ations ancial Security Hold	lings, Inc.			
SUBJECT:		Name of co	rnoration -	must include suffix		
		ramo or ec	прогистоп	must morado surm		
Dear Sir or Ma	ıdam:					
"Certificate of	Existence,"		Good Stand	authorization to Transact ling" and check are subn s in Florida.		
		dence concerning t	his matter t	to the following:		
Michael Camill	eri				至後ま	
American Finan	icial Security		Name of P	erson	温売して	
Firm/Company 55 NE 5th Avenue, Ste 502				any	10 PM 2	
Boca Raton, FL	. 33432		Addres	S	ुँह अ	
mcamilleri@afs	slic.com	Ci	ity/State an	d Zip code		
		E-mail address: (to	be used fo	or future annual report no	otification)	
For further inf	ormation co	ncerning this matte	r, please ca	ıll:		
Michael Camilleri		_	561	756-8130	756-8130	
Name	of Person	at (	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a	check for the	following amount	:			
□ \$70.00 Fili	ing Fee [	3 \$78.75 Filing Fe Certificate of S		\$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. American Financial Security Holdings, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 26-1988605 Delaware 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) February 14, 2008 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 100 Garden City Plaza, Ste 102 Garden City, NY 11530 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael Camilleri Name: 55 NE 5th Avenue Ste 502 Office Address: Boca Raton , Florida (City) (Zip code) 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.

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Carol Sonnenberg Chairman: 100 Garden City Plaza, Ste 102 Address: Garden City, NY 11530 Vice Chairman: Address: Michael Sonnenberg, Carol Sonnenberg Director: 100 Garden City Plaza, Ste 102 Address: Garden City, NY 11530 Michael Camilleri ·Director: 55 NE 5th Avenue, Ste 502 Address: Boca Raton, FL 33432 **B. OFFICERS** Michael Sonnenberg President: 100 Garden City, Ste 102 Address: Garden City, NY 11530 Michael Camilleri رب ا Vice President: 55 NE 5th Avenue, Ste 502 Address: Boca Raton, FL 33432 Michael Camilleri Secretary: 55 NE 5th Avenue, Ste 502 Boca Raton FL 33432 Address: Michael Sonnenberg ' Treasurer: 100 Garden City Plaza, Ste 102 Garden City, NY 11530 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Michael Camilleri - Vice President 13.

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AMERICAN FINANCIAL SECURITY HOLDINGS,

INC." 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 THIRTIETH DAY OF

SEPTEMBER, A.D. 2016.

FILED 16 OCT -7 PN 2: 37 SECTEMOS SEET LINES.



Authentication: 203090517

Date: 09-30-16