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CORPORATION NA	ME(s) & DOCUMENT NUM	BER(S) (if known):	•
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## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Will war

January 3, 1996

AMERICAN NATIONAL FINANCIAL SUITE 301 1451 ELM HILL PIKE NASHVILLE, TN 37210

SUBJECT: AMERICAN NATIONAL FINANCIAL, INC.

Ref. Number: W96000000169

We have received your document for AMERICAN NATIONAL FINANCIAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to DOCUMENT SPECIALIST in its ated. the ATTENTION

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter

The name in line 1 of your application must match the name on your certificate from Tennessee. Please remove the words "/DBA American National Mortgage." A preliminary check indicates that name is available, if you would like to adopt it on your resolution. Please note that you may call the number listed below to check it or any other name you would like to adopt. Please remember that the adopted name MUST contain a corporate suffix.

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

Lee Rivers

Document Examiner Letter Number: 096A00000294

### RESOLUTION OF BOARD OF DIRECTORS

1, the undersigned Toseph D. CLeghorn, do heret	y certify
that this Resolution of the Board of Directors of American National Financia	
a corporation duly organized and existing under the laws of the State of lerwesse	<u>e</u> ,
was duly adopted on James 19, 19 96.	SECRETA VISION OF
Resolved, that American National Financial Tox, organize and existing in the State of Tennessee, hereby adopts Tennessee	ILED RY OF STATE CORPORATIONS
name Coastal Funding Services INC for use in Flor	ida.
Dated: 1/19/96	
Signature of Meast one director	· · · · · · · · · · · · · · · · · · ·

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. American Watismi Financial Two.  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CURPORATION" of abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	r words	UI
2. Nash. TW. (State or country under the law of which it is incorporated)  3. 62-16215  (FEI number, if applicable)	<b>3</b> .	** • · · ·
4. 11/6/1995 5. 12/6/1996 (Duration: Year corp. will cease to exist or	*Demetu	<u> </u>
6. 1-1 we wat started yet  (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		SECTION SECTIO
7. 1101 Gulf Breeze Pky.	25	RETARY OF CI
-	3	APPONA
Gulf Breeze Fl 32561 (Current mailing address)	- 8	
8. Home Mortage Origination (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)	NOT	
Name: Dale Opom		
Office Address: 1101 Galf Breeze Pky.		
GulfBreeze Fl 32561, Florida, 3256/		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provail statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent.	isions c	es s
(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 addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Jac Clenhouw Address: 376 Lakeshore Dr. Old Holling 37138 Vice Chairman: Source NA Address: \_\_\_\_\_ Director: \_\_\_\_Same\_\_\_ Director: \_\_\_ Address: \_\_\_\_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Same Address: \_\_\_\_\_ Vice President: \_\_\_\_\_ NA \_\_\_\_ Address: \_\_\_\_\_ Secretary: \_\_\_\_Sawc\_\_\_\_ Address: \_\_ Treasurer: W/A NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Toc Cleyhorn Preside + 1 chadman + Director + Sec.
(Typed or printed name and capacity of person signing application)

Secretary of State Corporations Section James K. Polk Building, Suite 1800 Nushville, Tennessee 37243-0306

ISSUANCE DATE: 11/17/ REQUEST NUMBER: 3076-1597 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/06/1995 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL: CONTROL NUMBER: 0302567 JURISDICTION: TENNESSEE

TO: JOHN R. JANICEK, CPA, PC PO BOX 2532

REQUESTED BY: JOHN R. JANICEK, CPA, PC PO BOX 2532

HENDERSONVILLE, TN 37077-2532

HENDERSONVILLE, TN 37077-2532

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "AMERICAN NATIONAL FINANCIAL, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/17/95

FROM: JOHN R. JANICEK, CPA, P.C. P.O. BOX 2532 TOTAL PAYMENT RECEIVED:

RECEIVED:

\$20.00

HENDERSONVILLE, TN 37077-2532

\$20.00 \$40.00

RECEIPT NUMBER: 00001869840 ACCOUNT NUMBER: 00188376



RILEY C. DARNELL SECRETARY OF STATE