# F98000006/35

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Amenificat Finan	ocial Com
(Name of corporat	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	r Authorization to Transact Business in Florida", register the above referenced foreign corporation to
Please return all correspondence concerning this matter	er to the following:
Frances Liverr	
	of Person)
M (C)	ancial Corp.
(Firm/C	ompany)
_3589 5 Ocea	n Blvd #80/
(Ade	dress)
Falm Beach	FL 33480
(City/S	tate/Zip)
	1000026502111
Should you need to call someone concerning this matt	-U9/28/9801098008 er, please call: *****70.00 ******70.00
Frances Livermore at (50)	, 582-8842
(Name of Person) (Area	a Code & Daytime Telephone Number) 138-72176
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  A WEST ARY OF STATE OF CORPORATIONS  PH 12: 01



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 29, 1998

FRANCES LIVERMORE AMERIFIRST FINANCIAL CORP. 3589 S. OCEAN BLVD #801 PALM BEACH, FL 33480

SUBJECT: AMERIFIRST FINANCIAL CORP.

Ref. Number: W98000022176

We have received your document for AMERIFIRST FINANCIAL CORP. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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 the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 098A00048680

### RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

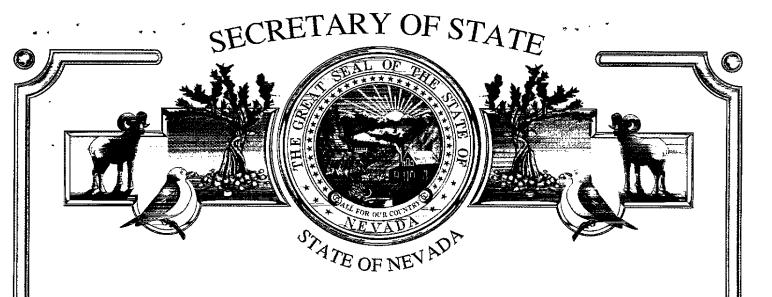
T (2007)	
I, the undersigned Figure Livernol , do hereby certify	
1 C Liscos in	
that this Resolution of the Board of Directors of	
CORP. Of Newda (Corporate Name)	
a corporation duly organized and existing under the laws of the State of,	
was duly adopted on $11 20 98$ , 19	-
Amentics thrancial con	
Be it resolved, that (Corporate Name)	
organized and existing in the State of Newada hereby adopts the name	
Amerified for use in Florida.	
Dated: 10-31-98	SECR
	E
$A \land C : A \land A$	하 스타
Signature of either Chairman, Vice Chairman or any officer	<u>.</u>
Hances Livern Ro	핖
Type of print name	

#### 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. Amerificat Financial Corp.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or 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.)
2. Nevada
(State or country under the law of which it is incorporated) (FEI number, if applicable)
411-13-96 5. perpetua (
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOT Transacted Eusiness yet
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155/F.S.)
7. 3589 S. Ocean Bruch #801
Jalon Black P2 33480
(Current mailing address)
CD O Coto Ao
8. Near ESkure
(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 or Mail Drop Box NOT acceptable)
Name: trances Livermo
Office Address: 3589 5.0(ean Bluck #80)
Office Address: 5589 5.0 (ean by d #80)
Palm Heach F, Florida, 33480 (Zin code)
(—— · · · · · · · · · · · · · · · · · ·
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.
The second and the second as registered agency
(Reciprored against a simple
(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: Frances Livermore,	
Address: 3589 S. Octor Byol #801	
palm Bach Pr 33480	
Vice Chairman:	
Address:	
Director: SAMO	
	· .
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
	جر - عر
Address: 589 S. Ocean Bluch #861	<del></del> .
- pelm beach, M. 55480.	
Vice President: SAM	
Address:	
Secretary:	-
Address:	-
Treasurer: SAMO	
Address:	
	<del></del>
NOTE IC	<del></del>
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)	
4. Frances Liverman - Pres.	
(Typed or printed name and capacity of person signing application)	<del></del>



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AMERIFIRST FINANCIAL CORP.** as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 20, 1996, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on September 22, 1998.

Secretary of State

Certification Clerk