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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: AmeriFirst National Financial, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Tim North (Name of Person)
(Name of Person)
AmeriFirst National Financial, LLC
(Firm/Company)
2536 Countryside Blvd., Sixth Floor
(Address)
Clearwater, FL 337163 (City/State and Zip Code)
For further information concerning this matter, please call:
Miranda Croft at (727) 726-0726 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations 409 E. Gaines Street Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399 — Tallahassee, Florida 32314
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Conv



November 3, 2004

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee FL 32314

Re: AmeriFirst National Financial, LLC (W04000036690)

AmeriFirst National Financial of Naples, LLC (W04000036691)

AmeriFirst National Financial of Sarasota, LLC (W04000036692)

AmeriFirst National Financial of Venice, LLC (W04000036694)

Dear Sir/Madam,

Attached please find an original and one copy of the Certificate of Existence for the above Limited Liability Companies along with the Application by Foreign Limited Partnership for Authorization to Transact Business in Florida. It is my understanding that the filing fees are already in your possession. Please process as soon as possible.

If you have any questions please contact me at 727-726-0726.

Thank you for your assistance in this matter.

Timothy O. North

Sincerely

RS/gb



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 5, 2004

TIM NORTH AMERIFIRST NATIONAL FINANCIAL, LLC 2536 COUNTRYSIDE BLVD., SIXTH FLOOR CLEARWATER, FL 33763

SUBJECT: AMERIFIRST NATIONAL FINANCIAL, LLC

Ref. Number: W0400036690

We have received your document for AMERIFIRST NATIONAL FINANCIAL, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6913.

Letter Number: 504A00057816

Diane Cushing Document Specialist

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AmeriFirst National Financial, LLC (Name of Foreign Limited Liability Company)	
a State of Delaviare 2 20-13784	oumber, if applicable)
4. July 16.2004 5. Perpetual (Duration: Year line exist or "perpetual"	nited liability company will cease to
6	
(Date first transacted business in Florida, if prior to registra (See sections 608.501 & 608.502 F.S. to determine penalty li	tion.) ability)
7. <u>2536 Countryside Blvd., Sixth Floor</u>	· · · · · · · · · · · · · · · · · · ·
,	
Clearwater, FL 33763 (Street Address of Principal Office)	Ţ.
8. If limited liability company is a manager-managed company, check he	ere 🗍
9. The name and usual business addresses of the managing members or r	nanagers are as follows:
Tim North - 2536 Countryside Blvd., Sixth Floor, Cl	earwater, FL 33763
10. Attached is an original certificate of existence, no more than 90 days old, duly authentica	ted by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the	
translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florid	da:
Any and all lawful business.	
Ariy and all navita basiness	
Signature of a member or an authorized representa	tive of a member.
(In accordance with section 608.408(3), F.S., the execution of this c	locument constitutes
an affirmation under the penalties of perjury that the facts stated he	erein are true.)
Typed or printed name of signee	
1 JPOG OF PERMICO HEALTO OF SERVICE	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:		
	Amerifirst National Financial, LLC		_
2.	The name and the Florida street address of the registered agent and office are:	=	
	Heather North (Name)	100 - 100 MI	
	2536 Countryside Blvd., Sixth Floor Florida Street Address (P.O. Box NOT ACCEPTABLE)	P 2	المُنْكِينِ وَا المَّا الْمِنْ المِنْ المِنْ المَّا
	<u>Clearwater</u> FL 33763 City/State/Zip	_ 1.11 F	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERIFIRST NATIONAL FINANCIAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2004.



Warriet Smith Windson Harriet Smith Windson Secretary of State

AUTHENTICATION: 3432239

DATE: 10-25-04

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