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SECRETARY OF STATE

TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Amerifrst National Financial of Cakeli (Name of Limited Liability Company)	a
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business i 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:	
Amanda Croce (Name of Person)	
AmeriFirst National Financial (Firm/Company)	
2532 Countryside Blud loss fr.	i
Clear water FL 33763 SSE 22 (City/State and Zip Code)	
For further information concerning this matter, please call:	•
Awards Croce at 727) 726 - 0726 (Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section 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 & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Co	py



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 10, 2005

AMANDA CROCE AMERIFIRST NATIONAL FINANCIAL 2536 COUNTRYSIDE BLVD., 6TH FL CLEARWATER, FL 33763

SUBJECT: AMERIFIRST NATIONAL FINANCIAL OF LAKELAND, LLC

Ref. Number: W05000007231

We have received your document for AMERIFIRST NATIONAL FINANCIAL OF LAKELAND, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Name on the application and the name on the certificate must be the same.

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: 105A00009600

Diane Cushing Document Specialist

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

IN COMPLIANCE WITH SECT LIMITED LIABILITY COMPANY				ED TO REGISTER A	1 FOREIGN
1. <u>Ameri Fir</u>	· · · · · · · · · · · · · · · · · · ·	nal of L	akeland	,LC	
2. (Jurisdiction under the law of company is organized)	,	_	10-21805 (FEI number, if ap	plicable)	
1	nization)		er pet u as on: Year limited liability "perpetual")	company will cease	to
6(D	ate first transacted business sections 608.501 & 608.50	in Florida, if prio 2 F.S. to determin	r to registration.) ne penalty liability)	TALLI SECI	
		Blud		FEB 21 RETARY AHASSE	
<u>Clearwat</u>	(Street Ad	3763 dress of Principal	· _	OF STA	
 If limited liability com The name and usual bu 	,		•	를제 등 e as follows:	
Tim North	h-2532 (puntrys	ide Blud lå	LFZ Cuar	water, F
10. Attached is an original certifithe jurisdiction under the law of translation of the certificate under	which it is organized. (A pho	otocopy is not accep			
11. Nature of business or	• •	4			<u></u>
A	ny andyall	Mawta) busine:	SS	 -
(In a	nature of a member of a coordance with section 608.403 ffirmation under the penalties of	8(3), F.S., the execu	tion of this document const	ember. itutes	
	Typed or pr	North	signee		

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.

AmeriFirst National of Lakeland, LL	\mathcal{L}	
The name and the Florida street address of the registered agent and office are: Leather North (Name) Florida Street Address (P.O/Box NOT ACCEPTABLE) City/State/Zip City/State/Zip City/State/Zip	SECHETARY OF STATE	

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)

1. The name of the Limited Liability Company is:

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERIFIRST NATIONAL OF LAKELAND 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 TWENTIETH DAY OF JANUARY, A.D. 2005.

SECRETARY OF STATE,



3913716

8300

Warriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3628863

050048075 DATE: 01-20-05