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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Certificate of Withdrawal
FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1412 and 7-1.2-1413, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <input type="radio"/>	2. The name of the corporation is: <input type="radio"/>
001707105	AMERICOR FUNDING, INC.
3. It is incorporated under the laws of: <input type="radio"/> California	
4. The corporation is not transacting business in this state and surrenders its authority to transact business in this state. <input type="radio"/>	
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Department of State of the State of Rhode Island. <input type="radio"/>	
6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State: <input type="radio"/>	
18200 Von Karman Ave., Suite 600, Irvine, California 92612	
7. As required by RIGL <u>7-1.2-1413</u> , the corporation has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of withdrawal MUST accompany this form. <input type="radio"/>	
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee. <input type="radio"/>	
9. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY <input type="radio"/>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.</i> <input type="radio"/>	
Type or Print Name of Authorized Officer	Date
Banir Ganatra, President	9/9/21
Signature of Authorized Officer of the Corporation	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 01, 2021 10:23 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

