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DATE:

02-19-09

NAME:

PACWEST FUNDING INC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

CK FOR &78.75 ATTACHED

RETURN:

ACCOUNT: FCA000000015-

AUTHORIZATION: ABBIE/PAUL HODGE

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. PACWEST FUNDING AND ((Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) ₂ CALIFORNIA (State or country under the law of which it is incorporated) 11912003 (Duration: Year corp. will cease to saist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 7525 IRVINE CENTER DR STE 200, IRVINE, CA 92618 (Principal office address) 7525 IRVINE CENTER DR STE 200, IRVINE, CA 92618 (Current malling address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENT SOLUTIONS, INC. Name: 155 OFFICE PLAZA DR., SUITE A Office Address: TALLAHASSEE 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. Pricardo Drozco, Secretury

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.

Hogistered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: __ Vice Chairman: Address: Director: ___ Address: __ Director: _ Address: __ **B. OFFICERS** President: CURTIS MELONE IRVINE CENTER DRIVE STE 200, IRVINE, CA 92618 Address: ...7525 Vice President: Address: ___ CHRISTOPHER F OX 9525 IRVINE CENTER DR STE 200, IRVINE, CA 92618 Address: Treasurer: BRIAN LARUFFA 9525 IRVINE CENTER DR STE 200, IRVINE, CA, 92618 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application) PRESIDENT

(Typed or printed name and capacity of person signing application)

State of CaliforniaSecretary of State

CERTIFICATE OF STATUS

FLED

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SECRETARY OF STATE TALL'AHASSEE, FLORIDA

ENTITY NAME:

PACWEST FUNDING

FILE NUMBER:

JURISDICTION:

FORMATION DATE:

TYPE:

C2543670 07/09/2003

DOMESTIC CORPORATION

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 10, 2009.

DEBRA BOWEN Secretary of State