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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:		Filing Section of Co	etion rporations				
CHD I			ic Home	Loans,	Inc	,	
SUDJ.	EC1;					- must include suffix	
Dear S	ir or M	adam:					
"Certif	icate of	f Existenc		ate of Good	Stand	ding" and check are sub	nct Business in Florida." Committed to register the
Please	return :	all corres	ondence conc	erning this m	atter	to the following:	
Stev	ven (Sheas	sby				
					e of F	Person	
Inte	grity	Mort	gage Lice	ensing			
4.4.0				Firm/	Comp	oany	
116	8 Do	orset l	_n				
Cos	ta M	lesa,	CA 9262		.ddre:	SS	
stev	en@	imlice	nsing.com		ate an	d Zip code	3 3 3 3 3 3
			_		sed fo	or future annual report	notification)
For fur	ther int	ormation	concerning thi	s matter, ple	ase ca	all:	
Stev	/en :	Sheas	sby	at (71 4	1	721-3963	
	Name	of Perso	n	A	rea C	ode & Daytime Teleph	one Number
	New I Divisi Clifto 2661 I Tallah	Filing Secon of Con on of Con n Buildin Executive nassee, FL	rporations g : Center Circle 2 32301			MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclose			the following a \$78.75 Fi Certifica		<u> </u>	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting busi	ness in Florida)
California	1	₃ 61-1676719	
•	under the law of which it is incorporated)	(FEI number, if applicable	•)
2/21/201	2	_{5.} Perpetual	
·	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
			圣空 访
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	7.2
4400 Mac	Arthur Blvd. Ste 720, Ne	, , ,	720 720
. 	(Principal office a		<u> </u>
4400 Mac	Arthur Blvd. Ste 720, New		· · · · · · · · · · · · · · · · · · ·
	(Current mailing a	<u> </u>	FLORING FLORING
	-		500
Mortgage			
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Florida)	
. Name and stree	<u>et address</u> of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	
Name:	Paracorp Incorporated		
Office Address:	236 East 6th Avenue	The State Control of the State	
	Tallahassee	, Florida 32303	
	(City)	Florida 32303 (Zip code)	
		· ·	
) Dogistorod or	rant ¹ e aggentamans		
). Registered ag aving been nam	•	rvice of process for the above stated corp	poration at the pl
aving been nam ssignated in this	ed as registered agent and to accept sea application, I hereby accept the appoin	rvice of process for the above stated corp ntment as registered agent and agree to s relative to the proper and complete per	act in this capaci

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 business addresses of officers and/or directors:

A. DIREC	
	Shawn Nevin
Address: 4	400 MacArthur Blvd. Ste 720
N	lewport Beach, CA 92660
Vice Chairm	nan: Dean Lob
	400 MacArthur Blvd. Ste 720
N	lewport Beach, CA 92660
Director: _	
Address:	
Director: _	
Address:	
	-
B. OFFIC	
President:	Shawn Nevin
Address: 4	400 MacArthur Blvd. Ste 720
N	Newport Beach, CA 92660
Vice Preside	nt: Dean Lob
Address: 4	400 MacArthur Blvd. Ste 720
<u> </u>	Newport Beach, CA 92660
Secretary:	Shawn Nevin
Address: 4	400 MacArthur Blvd. Ste 720, Newport Beach, CA 92660
Treasurer: _	Dean Lob
Address: 4	400 MacArthur Blvd. Ste 720, Newport Beach, CA 92660
NOTE: If	necessary, you may attach an addending to the application listing additional officers and/or directors.
are true and a third degr	Signature of Director or Officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein I that he or she is aware that false information submitted in a document to the Department of State constitutes ree felony as provided for in s.817.155, F.S. WN Nevin, President

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

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: February 22, 2015

ENTITY NAME: Pacific Home Loans, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary

Paracorp Incorporated

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PACIFIC HOME LOANS INC.

FILE NUMBER:

C0854247

FORMATION DATE:

10/19/1977

TYPE:

DOMESTIC CORPORATION

JURISDICTION: STATUS:

CALIFORNIA DISSOLVED

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity filed a Certificate of Dissolution on October 06, 1997, and the entity's powers, rights and privileges have ceased.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 13, 2015.

> **ALEX PADILLA** Secretary of State