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09/01/20--01023--001 **78.75

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: CalUnion Funding						
Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the					
Please return all correspondence concerning this mat	ter to the following:					
Alex Sanchez						
Name o	of Person					
CalUnion Funding						
Firm/Co	ompany					
6400 Laurel Canyon #230						
Ad	dress					
North Hollywood, CA 91606						
City/State	and Zip code					
alex@calunionfunding.com						
E-mail address: (to be use	for future annual report notification)					
For further information concerning this matter, please	e call:					
Alex Sanchez at (818	Daytime Telephone Number					
Name of Person Area Co	Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$\Boxed{1}\$ \$70.00 Filing Fee \$\Boxed{2}\$ \$78.75 Filing Fee & Certificate of Status	NT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

CalUnion Fundi	ng, Inc.	
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
California	3	81-3792403
	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 8/29/2016	5	Perpetual
	of incorporation)	(Date of duration, if other than perpetual)
5. <u>N/A</u>		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
6400 Laurel Cany	yon #230, North Hollywood, CA 91606	
7		ice street address)
	, ,	
	(Current maili	ng address, if different)
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	Paracorp Incorporated	
	155 Office Plaza Drive, 1st Floor	
Office Address:		
	Tallahassee, FL	, Florida 32301
	(City)	(Zip code)
Having been nam designated in this further agree to c	application. I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties osition as registered agent.
	See PHarha (Registered agent's s	(geneture)
	, -	
10. Attached is a	certificate of existence duly authenticated	, not more than 90 days prior to delivery of this application to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS					
Chairman	Name:	□ Chairman	Name:	Name: Alex Sanchez	
□Vice Chairman	Address: 6400 Laurel Canyon #230	□Vice Chairman		6400 Laurel Canyon #230	
Director	North Hollywood, CA 91606	□Director		ollywood, CA 91606	
□President		□President			
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·	
☐ Secretary	Treasurer	Secretary		□Treasurer	
■Other	Other	□Other		□Other	
□ Chairman	Alexis Gavrylyeva	□ Chairman	Name		
□Vice Chairman	6400 Laurel Canyon #230	□ Vice Chairman			
□Director	North Hollywood, CA 91606	☐ Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	■ Treasurer	☐ Secretary		☐ Treasurer	
□ Other	Other	□Other		□ Other	
□Chairman	Name:	□Chairman	Name:		
	Address:				
□Director		Director	7 touress		
□President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary		□Treasurer	
Other	Other	Other	 -	□ Other	
Important Notice: U individuals may be a	se an attachment to report more than six (6). The attached to the index when filing your Florida Department	hment will be imaged at of State Annual Rep	for reportin	ng purposes only. Non-indexed	
12.	Signatore of Director of	Officer			
The officer or direct					
she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in number se information submitted in a document to the Department	11 above) affirms tha nent of State constitut	it the facts si es a third de	tated herein are true and that he or egree felony as provided for in	
13. Alex Sanchez			~_ ~		



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

Entity Name:

CALUNION FUNDING

File Number:

C3941070 08/29/2016

Registration Date: Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of August 24, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

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

GALIFORNIA CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 25, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: ZB9JJ1Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebzfile.sos.ca.gov/certification/index.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 8/19/2020

ENTITY NAME: CalUnion Funding Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

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

Leticia Herrera, Assistant Secretary

Paracorp Incorporated