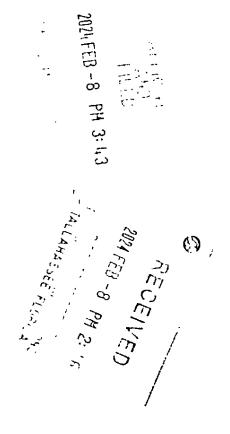
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	(Req	uestor's Nar	ne)	
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DATE: 02/08/2024

NAME: MGM LENDERS, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:		tration Section ion of Corporations			
SUBJI	ጀ ር ግ፦	MGM Lenders, inc			
501101	oor.	Name o	of corporation	ı - must include suffix	
Dear Si	ir or M	adam:	•		
"Certifi	cate of		of Good Star	Authorization to Transact Boding" and check are submitted in Florida.	
Please r	return a	ill correspondence concernit	ng this matte	r to the following:	
Hosein !	Sadegh	ifard			
		·	Name of	Person	
MGM L	ænders	, inc			
·			Firm/Con	npany	
1912 N.	Broad	way, Suite 102			
			∧ddr	ess	
Santa A	na, CA	92706			
			City/State a	ind Zip code	
Sean@n	ngmlen	ders.com			
		E-mail address:	(to be used	for future annual report notif	ication)
For furt	her inf	ormation concerning this ma	itter, please o	call:	
Hosein S	Sadegh:	ifard	714	479-3000	
	Name	of Person	Area Cod	e) 479-3000 Daytime Telephone	Number
	Regist Division The Co 2415 f	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	:	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
	ake che	theck for the following amount payable to: FLORIDA DE ag Fee	PARTMENT Fee & - E		\$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.

(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business i	in Florida)		
CA	₃ 1	13-4281691	1691		
	y under the law of which it is incorporated)	(FEI number, if applicable)			
5/25/2004	5				
(Date	of incorporation) 5.	(Date of duration, if other than perpetu	ıal)		
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150				
1912 N. Broadwa	ny, Suite 102 Santa Ana, CA 92706	2, 1 ioi, to determine pointing intomey)			
·		e street address)			
	` ,	,			
	(Current mailing	address, if different)			
			024		
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	m		
Name:	Paracorp Incorporated		2024 FEB -8		
ffice Address:	155 Office Plaza Drive, 1st Floor		PH		
inco Addicas.	Tatlahassee	32301	. မှ ယ		
	(City)	, Florida <u>32301</u> (Zip code)	် ယ္ 		
	(3.9)	(All body)			
	ent's acceptance:				
	ed as registered agent and to accept service application, I hereby accept the appointme				
	omply with the provisions of all statutes rela	ative to the proper and complete performa			
	with and accept the obligations of my posit	tion as registered agent.			
	see attached				

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: Hosein Sadeghifard	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Santa Ana, CA 92706	Director	
■ President		□President	
□Vice President		□Vice President	
□ Secretary	☐ Treasurer	☐Secretary	Treasurer
Other	Other	Other	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□ Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	Other	[]Other
□ Chairman	Nune:	□ Chairman	Name:
El Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	□Secretary	☐ Treasurer
□Other		Other	DOther
Important Notice: U individuals may be	ise an attachment to report more than six (6). The atta added to the index when filing your Florida Departme	chment will be image out of State Annual RE	l for reporting purposes only. Non-indexed நஷ் form.
12.	- B		/
	Signature of Director of	or Officer	
she is aware that fal- s.817.155, F.S.	or signing this document (and who is listed in numbe se information submitted in a document to the Depart ghifard - President	r 11 above) affirms the ment of State constitut	at the facts stated herein are true and that he or les a third degree felony as provided for in

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

2/08/2024

ENTITY NAME: MGM Lenders, 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



I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: MGM LENDERS, INC

Entity No.: 2654139 **Registration Date:** 05/25/2004

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 08, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 180541823

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.