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# FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

10/1/18

NAME: ANCHOR LOANS LP

TYPE OF FILING: APPLICATION

COST:

1,052.50 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBTE/PAUL HODGE

\* File Second \*

## COVER LETTER

Division of Corporations		
SUBJECT: ANCHOR LOANS, LP		
Name of Foreign Limite	ed Partnership or Limited Liability Limited Partnership	
The enclosed application, certificate of status partnership to transact business in Florida. Please return all correspondence concerning to	and fees are submitted to register a foreign limited partnership of this matter to:	or limited liability limited
Legal Department		
Contact Person		
Anchor Loans, LP		
Firm/Company		
5230 Las Virgenes Road, Suite 105		
Address		
Calabasas, California 91302		
City, State and Zip Co	ode .	
legal@anchorloans.com		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter	τ, please call:	
Pouyan Zivari, Esq.	at (310 ) 395-0010	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	:	
\$1,000.00 Filing Fees \$1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing and Certificate Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Ft. 32314	, -
Tallahassee, FL 32301	rananassee, FL 32314	~

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

## TO TRANSACT BUSINESS IN FLORIDA ANCHOR LOANS, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes. Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. 2. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number 46-3223427 Name of Registered Agent for Service of Process and Florida Street Address: NRAI Services, Inc. 1200 South Pine Island Road Plantation, Florida 33324 6. 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 occept the obligations of my position as registered agent. NRAI Services, Inc. Signature of Registered Agent Jose Castellanos, Assistant Secretary 7. Principal Office: 8. Mailing Address: 5230 Las Virgenes Road, Suite 105 5230 Las Virgenes Road, Suite 105 Calabasas, CA 91302 Calabasas, CA 91302 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner: Name of General Partner: Anchor Capital Partners, Inc. \_\_\_ Name of General Partner: Street Address: 5230 Las Virgenes Road, Suite 105 \_\_ Street Address: \_ Calabasas, CA 91302 Mailing Address: 5230 Las Virgenes Road, Suite 105 \_\_\_\_ Mailing Address:\_\_\_ Calabasas, CA 91302 Name of General Partner:\_\_\_\_\_\_\_ Name of General Partner:\_\_\_\_\_ Street Address: \_ \_\_\_\_\_ Street Address: Mailing Address: Mailing Address:

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days) Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's re	after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticate Florida Department of State, by the Secretary of State or the law of which it is organized.	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this 21st day of September	20 18
Stephen Po The individual signing this document affirms that the fact	mature of a general partner  Illack, President of Anchor Capital Partners, Inc.  Its stated herein are true and the individual is aware that false information  titutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
	Page 2 of 2

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANCHOR LOANS, LP" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANCHOR LOANS, LP" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203471165

Date: 09-21-18

5710511 8300 SR# 20186782128