F18000002537

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special instructions to Firing Officer.

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TALLAHASSEE FLORID.

530/H

COVER LETTER

то:	Registration Sec Division of Corp					
CHRI	Shop Your	Own Corp				
.50 Də	ECT:	Name of c	orporation -	must include suffix		
Dear S	Sir or Madam;					
"Certi	ficate of Existence		Good Stand	ing" and check are sub	et Business in Florida." omitted to register the	
Please Ben V	•	ondence concerning	this matter t	o the following:		
			Name of P	erson		
Shop \	Cour Own Corp					
			Firm/Comp	any	·	
5 Runy	ran Place					
			Addres	S	· · · · · · · · · · · · · · · · · · ·	
Cheste	r. NJ 07930					
		C	ity/State and	l Zip code		
contac	tus@mymortgageau					
		E-mail address: (t	o be used fo	r future annual report i	notification)	
For fu	rther information c	oncerning this matte	er, please ca	II:		
Ben Vigil			505	328-5789		
	Name of Person	at 1	Area Code) Daytime Telep	hone Number	
	7.41116 (7.11613.411		Their cone	Daytime relep	indic indiment	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for th	ne following amoun	1:			
å † \$70).00 Filing Fee	☐ \$78.75 Filing Fo Certificate of S		\$78.75 Filing Fee & Certified Copy	S87.50 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.

1. Shop Your Own (Enter name of c	n Corp corporation; must include "INCORPORATED."	" "COMPANY," "CORPORATION,"				
	Corp," "Inc," "Co," or "Corp.")					
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flor	ida)			
California 2.	3	36-4859685				
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	<u> </u>			
4. December 21, 2	016	(Date of duration, if other than perpetual)				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
6						
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)				
7	anch Rd Westlake Village, CA 91362	• • • • • • • • • • • • • • • • • • • •				
1	(Principal office address)					
			E AR			
(Current mailing address, if different)						
0. 34			SEE. P			
8. Name and stree	et address of Florida registered agent: (P.C Ben Vigil	J. Box <u>NOT</u> acceptable)	FIC			
Name:	Den vign		STATE FLORID			
Office Address:	78 SW 7th St		>			
	Miami	33130				
	(City)	, Florida (Zip code)				
	` '	, ,				

9. 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.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRE	ECTORS		
Chairman	Greg Martel		
	3225 Ripon Road Victoria, BC V8R 6G7		
		=	
Vice Chai	Greg Martel rman:		
	3225 Ripon Road Victoria, BC V8R 6G7		
Director:	Greg Martel		
	3225 Ripon Road Victoria, BC V8R 6G7		
Director:	Greg Martel		
	3225 Ripon Road Victoria, BC V8R 6G7		
B. OFF	Gree Martel	18 M	SEC.
	3225 Ripon Road Victoria. BC V8R 6G7	A7 29	RETARY AMASSE
Vice Presi	Laura Lang ident:	\$	OF STALE
Address:	5 Runyan Piace Chester, NJ 07930		A
Secretary:			
Address:	78 SW 7th St Miami, FL 33130		
Treasurer:	Greg Martel		··· <u> </u>
Address:	3225 Ripon Road Victoria, BC V8R 6G7		
	If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	
The offic are true a	Signifure of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Stegree felony as provided for in s.817.155. F.S.		
	(Typed or printed name and capacity of person signing application)		

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SHOP YOUR OWN CORP

FILE NUMBER:

C3972866

FORMATION DATE:

12/21/2016

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 May 15, 2018.

ALEX PADILLA Secretary of State