

F19000003A13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

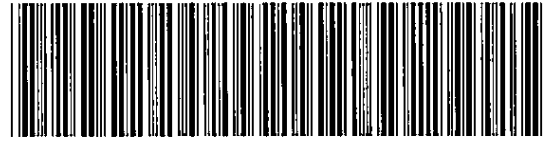
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 28 AM 10:51
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FILE

BRUCE
JUL 15 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Corum Financial Services Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steven Sheasby

Name of Person

Integrity Mortgage Licensing

Firm/Company

2961 W MacArthur Blvd, Suite 209

Address

Santa Ana, CA 92704

City/State and Zip code

cvogel@corumfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Sheasby

Name of Person

at (714) 721-3963

Area Code & Daytime Telephone Number

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2019 JUN 28 AM 10:51
TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$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.

1. Corum Financial Services Inc.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 46-3299501
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/08/2013 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3190 Shelby Street, Building A2, Ontario, CA 91764
(Principal office address)

3190 Shelby Street, Building A2, Ontario, CA 91764
(Current mailing address)

8. Mortgage Lending
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(City) (Zip code)

2013 JUL 28 AM 10:51
DEPT. OF STATE
CORPORATION DIVISION

10. **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)

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. DIRECTORS

Chairman: Alejandro Diaz

Address: 3190 Shelby Street, Building A2, Ontario, CA 91764

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alejandro Diaz

Address: 3190 Shelby Street, Building A2, Ontario, CA 91764

Vice President: Chris Vogel

Address: 3190 Shelby Street, Building A2, Ontario, CA 91764

Secretary: Betty Paluzzi

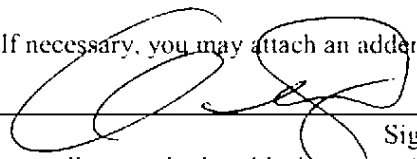
Address: 3190 Shelby Street, Building A2, Ontario, CA 91764

Treasurer: Brian Wagoner

Address: 3190 Shelby Street, Building A2, Ontario, CA 91764

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____



Signature of Director or Officer



The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Alejandro Diaz, President

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

RECEIVED
STATE DEPARTMENT OF REVENUE
TAX SERVICES DIVISION
15 JUN 28 AM 11:51
15 JUN 28

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

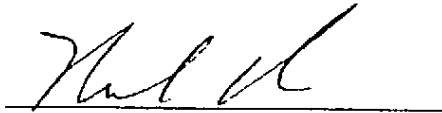
DATE: March 22, 2019

ENTITY NAME: Corum Financial Services 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 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

FILE
2019 JUN 28 AM 10:51
STATE SECRETARY OF FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CORUM FINANCIAL SERVICES INC.

FILE NUMBER: C3585762
FORMATION DATE: 07/08/2013
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 07, 2019.

A handwritten signature in black ink, appearing to read 'Alex Padilla', is written over the printed name.

ALEX PADILLA
Secretary of State