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DATE: 11/24/21

NAME: MORTGAGE 2000, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODG

COVER LETTER

	tration Section ion of Corporation	ns			
SUBJECT:	Mortgage 2000, In	ıc.			
SUBJECT.		Name of corporation	- must incl	lude suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence," or "(Foreign Corporation for Certificate of Good Stan ration to transact busine	ding" and o	check are sub	et Business in Florida," mitted to register the
Please return	all correspondence	e concerning this matter	to the follo	owing:	
Matthew Hadr	iett				
		Name of	Person		
Mortgage 2000), Inc.				
		Firm/Com	pany		
1611 South Pa	cific Coast Highway	y, Suite 102			
		Addre	ess .		
Redondo Beac	h, CA 90277				
		City/State a	nd Zip cod	e	
matt@southba	yequity.com				
	E-ma	ail address: (to be used t	for future a	nnual report r	otification)
For further in	formation concern	ning this matter, please o	all:		
Matthew Hadnett at (310) 516-3444 Name of Person Area Code Daytime Tele		14 			
Nam	e of Person	Area Cod	e D	aytime Telep	hone Number
Regis Divis The (2415	EET/COURIER stration Section sion of Corporatio Centre of Tallahas N. Monroe Street thassee, FL 32303	ns see , Suite 810]]]	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a Please make c	ling Fee 🔲 💲	ORIDA DEPARTMENT	r OF STAT □ \$78.75 F Certified	lling ree &	☐ \$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.

	Inc. orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,	n		
	able in Florida, enter alternate corporate name		business in Florida)		
2. California		33-0801082			
(State or countr	y under the law of which it is incorporated)	(FEI number, if app			
4		(Date of duration, if other than perpetual)			
(Date	of incorporation)	(Date of duration, if other th	an perpetual)		
6					
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability	')		
1611 South Pacif	ic Coast Highway, Suite 102, Redondo Beach				
7		fice street address)			
	` .				
	(Current mail	ing address, if different)			
8. Name and street Name:	et address of Florida registered agent: (P. Paracorp Incorporated	O. Box NOT acceptable)	2021 NOV 2	, n	
Office Address:	155 Office Plaza Drive, 1st Floor		<u> </u>		
	Tallahassee	Florida 32301	.io <u>∓</u>		
	(City)	, Florida 32301 (Zip code)	图:2		
Having been nam designated in this	ent's acceptance: ned as registered agent and to accept ser s application, I hereby accept the appoin comply with the provisions of all statutes r with and accept the obligations of my p	iment as registered agent and agree relative to the proper and complete position as registered agent.	e to act in this capac		
	(see Brown or a Bour o	and the second s		tion to	

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.

A. DIRECTORS							
□Chairman	Name: Matthew Hadnett	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
Director	Suite 102	□Director					
President	Redondo Beach, CA 90277	□President					
■Vice President		□Vice President					
Secretary	■ Treasurer	☐ Secretary	C	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	ι	∃Treasurer			
□Other	Other	□Other		□ Other			
□ Chairman	Name:		Name:				
	Address:	□Vice Chairman	-				
	Address.	□Director					
□Director		☐ President					
□ President		□Vice President					
□Vice President	☐Treasurer	Secretary		□Treasurer			
Secretary		Other		□Other			
Other							
Important Notice:	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	BLOI State Amidal K	cport room.				
12. Matth M, Hand Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 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. Matthew Hadnett, President							

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/24/2021

ENTITY NAME: Mortgage 2000, 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., Secretary of State of the State of California, hereby certify:

Entity Name: MORTGAGE 2000, INC.

File Number: C2029984
Registration Date: 04/03/1998

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of November 11, 2021 (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.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 12, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Y89MLER

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