

F22000001081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

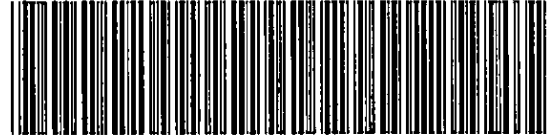
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2022

MIKE B IZQUIERDO
815 FAIR OAKS AVE
SOUTH PASADENA, CA 91030

SUBJECT: ACACIA MORTGAGE CORP.
Ref. Number: W22000021838

We have received your document for ACACIA MORTGAGE CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$70.00.

✓ You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 022A00004256

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACACIA MORTGAGE CORP.

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:

MIKE B IZQUIERDO

Name of Person

ACACIA MORTGAG CORP.

Firm/Company

815 FAIR OAKS AVE

Address

SOUTH PASADENA CA 91030

City/State and Zip code

MBI@ACACIAMCORP.COM

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

For further information concerning this matter, please call:

MIKE B. IZQUIERDO

at (213) 448-5320

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. ACACIA MORTGAGE, CORP.
(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. 95-4738568
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 21, 1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. NONE
(Date first transacted business in Florida, if prior to registration)
SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability

7. 10452 Sundstream Ln. Boca Raton · FL 33428__
(Principal office street address)
PO BOX 14 South Pasadena · CA 91031
(Current mailing address, if different)

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

Name: MIKE B. IZQUIERDO

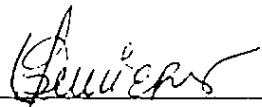
Office Address: 10452 SUNDSTREAM LN

BOCA RATON, Florida 33428
(City) (Zip code)

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OFFICE

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: MIKE B IZQUIERDO
 Vice Chairman Address: 10452 SUNDSTREAM LN
 Director BOCA RATON, FL 33428
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: ROCIO IZQUIERDO
 Vice Chairman Address: PO BOS 14 SOUTH PASADENA
 Director SOUTH PASADENA CA 91031
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

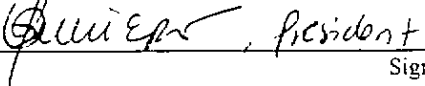
Chairman Name: ROCIO IZQUIERDO
 Vice Chairman Address: 10452 SUNDSTEAM LN BOCA
 Director BOCA RATON FL 33428
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
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.

13. MIKE B IZQUIERDO, PRESIDENT
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

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

Entity Name: ACACIA MORTGAGE, CORP.
File Number: C2137017
Registration Date: 04/19/1999
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of February 2, 2022 (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 February 3, 2022.

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

Certificate Verification Number: ZVJ5NBZ

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