

-	fication/Tax Lien Secon of Corporations	ection						
1717181	_							
SUBJECT: _	Stone Castle	Financial Inc.						
		(Name of corporati	on - must include suffix)					
Dear Sir or M	adam:							
"Certificate of	"Application by For f Existence", and ch siness in Florida.	eign Corporation for eck are submitted to	r Authorization to Transact B register the above referenced	Business in I I foreign co	Florida", rporatio	n		
Please return	all correspondence	concerning this matte	er to the following:					
		Nell Williams						
		(Name o	of Person)		•			
		Stone Castle	Financial Inc.					
			ompany)				• 7	CONTRACTOR OF STREET
		4312 Woodman	Avenue					
			lress)					15 per 12.
		Sherman Oaks,	CA 91423					
	<del></del>		ate/Zip)					· 300 (1.27)
		(		0030	nes.	413	1	
Should you no	eed to call someone	concerning this matt		-12/07/ ******	990:	1011	-019 •78.75	
N	ell Williams	at ( 800		Alman Alman and	<del></del>		LERLE	
(Nan	ne of Person)	(Area	Code & Daytime Telephone	Number)	x 2020 4			
STREET AD  Qualification. Division of C 409 E. Gaines Tallahassee, 1	/Tax Lien Section orporations s St.	· · · · · · · · · · · · · · · · · ·	MAILING ADDRESS:  Qualification/Tax Lien Son Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ection	ALASSEE, FLORE	99 DEC -7 PH 3: 13	П П П	
Enclosed is a	check for the follow	ing amount:			J'an		ζ,	
□ \$70.00 Fil	_	75 Filing Fee & lificate of Status	\$78.75 Filling Fee & Certified Copy	J \$87.50 Fi Certifica	te of Sta			

## 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.

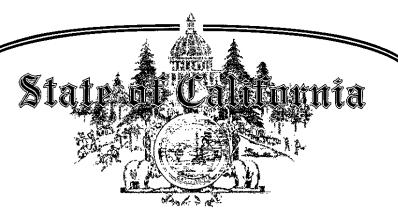
	Castle Financial Inc.	t . gr en
(Name of corp	rporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	
words or abbr	previations of like import in language as will clearly indicate that it is a corporation instead of a	
natural person	on or partnership if not so contained in the name at present.)	-
- 0.715	· •	
	ornia 3, <u>95-4559738</u>	
(State or count	ntry under the law of which it is incorporated) (FEI number, if applicable)	
41/5/96	6 <u>Per</u> petual	
(D	Date of incorporation)  Date of incorporation  (Duration: Year corp. will cease to exist or "perpetual")	The state of the s
6. Applic	cant has not commenced business.	
	irst transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	् । स्थाप्त संस्थापना १५०० । स्थापना १५०० ।
7. <u>4312 W</u>	Woodman Avenue	
Charma	an Oaks, CA 91423	
опетша	an Oaks, CA 91423 (Current mailing address)	A TEN TO THE BUILDING SECTION OF THE
	(Current maining address)	
8Mortga	age banking/brokering	
(Purpose	se(s) of corporation authorized in home state or country to be carried out in state of Florida)	——— एक वा श्रामीश्रम र <b>बं</b> गास्थ्यात
	•	
9. Name and st	street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	2
Name:	Paracorp Incorporated	Ħ.
		7 T
Office Address:	236 East 6th Avenue	
	rit:	P D
	Tallahassee , Florida, 32303	
	(Zip code)	<u>ω</u>
	E 1 7 /2 // 10 /4 / 14 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4	<del></del> ω -
10. Registered	d agent's acceptance:	
Having been nam	med as registered agent and to accept service of process for the above stated corporation at the place de	esignated in
this application, 1	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to	o comply
this application, I with the provision	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with	o comply
this application, I with the provision	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to	o comply
this application, I with the provision	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to ms of all statutes relative to the proper and complete performance of my duties, and I am familiar with of my position as registered agent.	o comply
this application, I with the provision	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to associate to the proper and complete performance of my duties, and I am familiar with of my position as registered agent.	o comply
this application, I with the provision	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to associate to the proper and complete performance of my duties, and I am familiar with of my position as registered agent.	o comply
this application, I with the provision the obligations of 11. Attached is a	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to ms of all statutes relative to the proper and complete performance of my duties, and I am familiar with of my position as registered agent.	to comply and accept

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which it is incorporated.

A. DIRECTORS	S (Street address only - P.O. Box NOT acceptable)				
Chairman:					
Address:		-1			
				- 11	<u> </u>
Vice Chairman: _					
	the state of the s				
Director:	Peyman Yadegar				
Address:	4312 Woodman Avenue, 2nd Floor				
	Sherman Oaks, CA 91423				
Director:	Pouya Yadegar				
	4312 Woodman Avenue, 2nd Floor				
	Sherman Oaks, CA 91423				
B. OFFICERS	(Street address only - P.O. Box NOT acceptable	e)			<del>-</del> - · · • ::::.
President:	Peyman Yadegar		-		· · · · · · · · · · · · · · · · · · ·
	4312 Woodman Avenue				
	Sherman Oaks, CA 91423				
Vice President: _	None	·· · -			
Address:				F	
Secretary:	Nell Williams			5-1-	<u> </u>
	4312 Woodman Avenue, 2nd Floor			30	<del></del> -
	Sherman Oaks, CA 91423		: 1 - 4 <u>- 7 1</u>	<u>်</u>	<u> </u>
			***************************************	- W	_ :
	Pouya Yadegar				
Address:	4312 Woodman Avenue, 2nd Floor				
	Sherman Oaks, CA 91423			. As	
NOTE: If necess	sary, you may attach aft addendum to the application list	ing additional	officers and/or directo	ors.	
13	Well Okilleane				
(	(Signature of Chairman, Vice Chairman, or any officer l	isted in numbe	r 12 of the application	1)	
14	Nell Williams, Secretary  (Typed or printed name and capacity of				

1 4



## SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secret	ary of State of the State of Ca	alifornia, hereby certify:			
	5th	January	96		
That on the	day of		,19,		
STONE CASTLE FINANCIAL INC.					

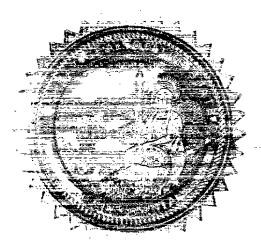
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 24, 1999

Bill) mes

Secretary of State