

4.
F01000005825

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M-1 CAPITAL 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", 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:

PAM WILLIAMS

(Name of Person)

M-1CAPITAL CORP.

(Firm/Company)

9065 HAVEN AVE, #200

(Address)

RANCHO CUCAMONGA, CA 91730

(City/State and Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

PAM WILLIAMS

(Name of Person)

at (909) 941-3995

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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. M-1 CAPITAL CORP.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. CA

(State or country under the law of which it is incorporated)

3. 33-0877549

(FEI number, if applicable)

4. OCT 12, 1999

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 9065 HAVEN AVE., #200, RANCHO CUCAMONGA, CA 91730

(Principal office address)

SAME

(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 or Mail Drop Box **NOT** acceptable)

Name: CAROLE FAWCETT

Office Address: 6289 WEST SUNRISE BLVD.

PLANTATION

(City)

, Florida 33313

(Zip code)

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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: ELROY GIDDENS
Address: 15555 MAIN, D4-145
HESPERIA, CA 92345
Vice Chairman: PAMELA WILLIAMS
Address: 9065 HAVEN AVE, #200
RANCHO CUCAMONGA, CA 91730
Director: SAM SPEAR
Address: 12557 IRONSTONE WAY
VICTORVILLE, CA 92392
Director: _____
Address: _____

B. OFFICERS

President: PAM WILLIAMS
Address: 9065 HAVE AVE., #200
RANCHO CUCAMONGA, CA 91730
Vice President: SAM SPEAR
Address: 12557 IRONSTONE WAY
VICTORVILLE, CA 92392
Secretary: JIM DESERT
Address: 9065 HAVEN AVE., #200, RANCHO CUCAMONGA, CA 91730
Treasurer: SAME AS SECRETARY
Address: _____

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

13. Pam Williams
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PAMELA WILLIAMS PRESIDENT
(Typed or printed name and capacity of person signing application)



**SECRETARY OF STATE
CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **12TH day of OCTOBER, 1999, M-1 CAPITAL CORP.** 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 September 21, 2001.


BILL JONES
Secretary of State



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TALLAHASSEE, FLORIDA