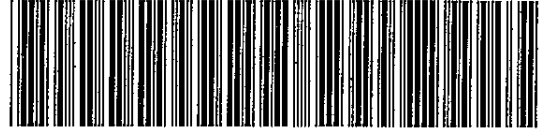


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DEPT. OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

KA needs
orig. signature

Office Use Only

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W03 12260



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

03 OCT 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 29, 2003

RYAN MARSHALL
8700 WARNER AVE. SUITE 100
FOUNTAIN VALLEY, CA 92708

SUBJECT: SYNERGY FINANCIAL MANAGEMENT CORPORATION
Ref. Number: W03000012260

We have received your document for SYNERGY FINANCIAL MANAGEMENT CORPORATION and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 803A00026029

FILED

03 OCT 22 AM 10:56

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Ryan Marshall, do hereby certify
(Name)

that this Resolution of the Board of Directors of Synergy Financial
Management Corporation
(Corporate Name)

a corporation duly organized and existing under the laws of the State of California,
was duly adopted on March 12, 2001.

Be it resolved, that Synergy Financial Management Corp.
(Corporate Name)

organized and existing in the State of California, hereby adopts the name
directlender.com company for use in Florida.

Dated: 10/5/02


Signature of either Chairman, Vice Chairman or any officer

Ryan Marshall
Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TRANSMITTAL LETTER

FILED

03 OCT 22 AM 10: 56

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Synergy Financial Management Corporation
(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:

Ryan Marshall

(Name of Person)

Synergy Financial Management Corp.

(Firm/Company)

8700 Warner Ave, Suite 100

(Address)

Fountain Valley, California 92708

(City/State and Zip code)

For further information concerning this matter, please call:

Ryan Marshall

(Name of Person)

at (714) 720-2143

(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

FILED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

DEPT. OF STATE
TALLAHASSEE, 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. Synergy Financial Management Corporation
(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. California 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 12, 2001 5. perpetual
(Date of incorporation) (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. 8700 Warner Ave, Suite 100, Fountain Valley, California 92708
(Principal office address)
- Same
(Current mailing address)
8. Mortgage Broker / Banker
(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: NRAI Services, Inc.
Office Address: 56 E. Park Ave
Tallahassee, Florida 32301
(City) (Zip code)

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.

Ed Hamlin Asst Secretary
(Registered agent's signature)

Assistant Secretary

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: Ryan Marshall

Address: 6451 Yale Cir, Huntington Beach, California 92647

Vice Chairman: Ronald Dean Cuha

Address: 952 11 Street , Huntington Beach, California 92648

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ryan Marshall

Address: Same

Vice President: Ronald Dean Cuha

Address: Same

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

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

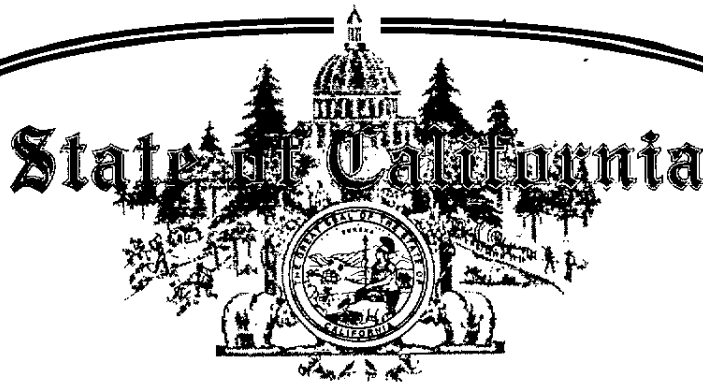
14. Ryan Marshall

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

FILED

03 OCT 22 AM 10: 5

CLERK OF STATE
TALLAHASSEE, FLORIDA



FILED

03 OCT 22 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **12th day of March, 2001**, **SYNERGY FINANCIAL MANAGEMENT CORPORATION** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; 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 April 14, 2003.



Kevin Shelley
KEVIN SHELLEY
Secretary of State
sk