# F0400000 6834

(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:	
255, 647,671 12/21	
855, 647, 67 13 1004-42680 Use Only	<u> </u>



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## TRANSMITTAL LETTER

	stration Secsion of Cor							
SUBJECT:	SY:	NERGY	CAPIT	AL	MORTE	AGE	CORP.	
					st include suff			
Dear Sir or N	/ladam:							
	of Existenc	ion by Foreign ( e," and check ar rida.						
Please return	all corresp	ondence concer	ning this mat	ter to the	following:			
Ī	لدجهد	Wil	KINS	No.				-
			(Name	of Person	1)		<del></del> _	<del></del>
SYN	ERG	1 CAPI		Mor Company)	TGAGE	- Cod	2P.	
27130		SEO ESP CAPIST	(Ad <b>24NO</b> ,	1424 Idress) '	926	75		330 hp
For further in	nformation	concerning this	(City/Stat	. <b>.</b>	code)		ESFLORID	3 PM 2:01
(Name of Person) at (949) 493-1000 x 222 (Area Code & Daytime Telephone Number)								
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399					MAILING Registration Division of P.O. Box of Tallahasse	on Section f Corporat 5327	ions	
Enclosed is	a check for	the following ar	nount:					
□ \$70.00 Fi	ling Fee	☐ \$78.75 Fili Certificate	ng Fec & e of Status		'5 Filing Fee & fied Copy		87.50 Filing I Certificate of Certified Cop	Status &



November 19, 2004

RYAN WILKINSON 27130 A PASEO ESPADA #1424 SAN JUAN CAPISTRANO, CA 92675

SUBJECT: SYNERGY CAPITAL MORTGAGE CORP

Ref. Number: W04000042680

We have received your document for SYNERGY CAPITAL MORTGAGE CORP and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Letter Number: 204A00066022

Marsha Thomas Document Specialist

## 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. <u>Syn</u>	ERGY	CAPITAL	M	ORTG	46E	CORP			
(Enter name of c	orporation; must orp," "Inc," "Co,"	include "INCORPOR	ATED,"	"COMPAN	vy," "Cối	PORATION,	•		
SUNER	_V (A->	ITAL MORT		T. c.c	. D. O. A				
(If name unavail	able in Florida, er	nter alternate corporate	name a	dopted for t	he purpose	of transacting	business in Flo	orida)	
^	_ •	_		53 -		-		,	
(State or country	under the law of	which it is incorporate	<del>d)</del> 3. –			mber, if applic	able)		
4. 01/07	12004		5	PER	LPETU	<b>メ</b> レ			
(Date	of incorporation)	)		(Duration:	Year corp.	will cease to e	xist or "perpet	ual")	
6 <b>^</b>	J/K						<b></b>		
		ate first transacted bus CTIONS 607.1501 &					`		
22.5	_				_			• •	_
7. 21130	a pase	O ESPADA (Principal off	•		シャム	שאא כי	4PISTRA	<del>100</del> , ca	· 4
644		, <u></u>	ec addre	33)					
	IE AS A	(Current mail:	ng addre	ss)		<u> </u>		<u></u>	
		•	_	·					
8. MORTO	HEE B	ROKER						<u>g</u> .	
(Purpose(s	) of corporation a	uthorized in home sta	te or cou	ntry to be ca	arried out in	state of Flori	da)	吕 "	Ž.
9. Name and stree	t address of Flo	rida registered agen	: (P.O.	Box <u>NQT</u>	_acceptabl	e)	100	1 3	ř ,
Name:	CAPITO	L CORPOR	ATE	SERV	NCES	THC	HASSEE FLUA	D	
		•			,		Ξ,	PH : 7	
Office Address:		NORTH DU			•				
	TALLA	HASSEE (City)		, Florid	<sub>da</sub> 32	303	. • • • • • • • • • • • • • • • • • • •		
		(City)			(Zip c	ode)			
10. Registered as	gent's acceptan	ce:							

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)

<sup>11.</sup> 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.

<sup>12.</sup> Names and business addresses of officers and/or directors:

### 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.

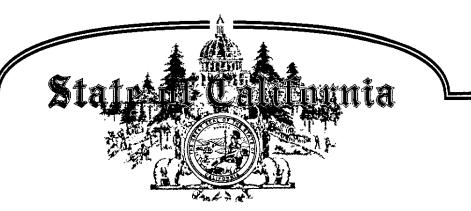
(Enter name of co	PGY CAPITAL MORTGAGE CORP.  apparation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  app., "fuc.," "Co.," or "Corp.")	
SYNERG (If name unavaila)	Y CAPITAL MORTEAGE CORPORATION  ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
` _	ORNIA 3 58-2679071	
(State or country u	nder the law of which it is incorporated) (FEI number, if applicable)	•
01/07/	2004 5. PERPETUAL	
·-	of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	•
5. N	<u> </u>	_
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
0.76		CA 92475
27130	PASEO ESPADA \$1424, SAN TUAN CAPISTRANO (Principal office address)	, CA 42413
رفية محس	•	
SAM	(Current mailing address)	
		14
MORTE	AGE BROKER	
	of corporation authorized in home state or country to be carried out in state of Florida)	J ™man
). Name and street	address of Florida registered agent: (P.O. Box, NOT acceptable)	2
Name:	<u>्</u>	<b>3</b> m
Manie:	<u> </u>	?
Office Address:	1333 NORTH DUVAL	<b>-</b>
	TALLAHASSEE Florida 32303	
	(City) (Zip code)	
A D-4-4-1	ent'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.

lanu Case, asst. sec.

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

A. DIREC	CTORS								
Chairman:	RYAN 1	NICKIN	SON						
Address: _	27130 A	PASEO	ESPADA	× 14	24				
	SAN JUAN				_				
	nan: WILL		•						
	271304								
	SAN JUA			_					
			·						
							<u> </u>		
Director:		<del></del>					_		
				<u> </u>			<b>SZ</b>		
B. OFFIC	FDC	<u> </u>						] 40	
	Zyan_	WILK	Mack				عَدِّ	DEC -	
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Address:	SAME	<u> </u>	\$00 C						4.00 d
Vice Preside	ent: WILL	-LAM	RROWN		<u>.                                    </u>	· <del>_</del>		0	· ·
	SAM					<del></del>			
Address:	740,		/1000 II	<u> </u>					
- Caarataari	WILL	AAA B	PROWN						<u> </u>
	SAME			. <del> </del>	<u> </u>				
				J	<u> </u>	·	<del></del>		<del></del>
Address.	RYAN SAME	A-S	AROUF						
Address: _	<u></u>					<u></u>	<u> </u>		
NOTE: If	necessary, you ma	y attach an ad	dendum to the ap	plication l	listing addi	tional officers	and/or dire	ctors.	
13	- Yu	<u>~</u> \\	Wh		<del>_</del>	<u> </u>	<u> </u>		
	(Signal		r or Officer listed		er 12 of the	application)			
14	Typ	ed or printed n	ame and capacity	<u> </u>	n signing ap	pplication)	<del></del>		



## SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

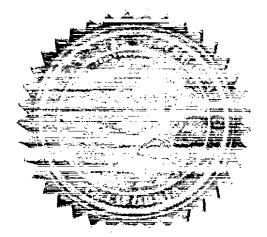
That on the 6th day of JANUARY 2004, SYNERGY CAPITAL MORTGAGE CORP. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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 November 29, 2004.

KEVIN SHELLEY Secretary of State