# F05000002118

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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04/04/05--01062--003 \*\*70.00



#### TRANSMITTAL LETTER

|   | Registration Se<br>Division of Cor                      |                                    |            |  |                                     | ·  |
|---|---|------------------------------------|------------|--|-------------------------------------|--|
| SUBJE   | CT: MIURA   | HOMELOANS, INC                     | ; <u>.</u> |  |                                     |  |
| 50202   |   |                                    |            | oration  | a - must include suffix)            |  |
| Dear Sir  | or Madam:   |                                    |            |  |                                     |  |
| "Certific   |   | e," and check are s                |            |  |                                     | ct Business in Florida,"<br>aced foreign corporation to            |
| Please re   | eturn all corresp                                       | pondence concernir                 | ıg this m  | atter  | to the following:                   |  |
|   |   | C <del>l</del>                     | IRISTO     | PHER   | M. SLOAN                            | _ يے ہے  |
|   |   |                                    | (Nar       | ne of  | Person)                             |  |
|   |   | M                                  | URA HO     | OMEL   | OANS, INC.                          |  |
|   |   |                                    | (Firr      | n/Con  | npany)                              | THIS SEE   |
|   |   | 110                                |            |  | venue #2507                         | SEG 2  |
|   |   |                                    | (          | Addre  | ess)                                | , E.C  |
|   |   | Mia                                |            |  | rida 33139                          | ORIGINAL O   |
|   |   |                                    | (City/S    | tate a   | nd Zip code)                        | マを   |
| For furth   | ner information   | concerning this ma                 | itter, ple | ase ca   | II:                                 |  |
| Christop  | her M. Sloan  |                                    | at (6      | 19   | ) 957-5626                          |  |
|   | (Name of Person) (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  | d is a check for  | the following amor                 | ınt:       |  |                                     |  |
| \$70.0  | 00 Filing Fee   | ☐ \$78.75 Filing<br>Certificate of |            | ◻  | \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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   | MI   | URA HOMELOA         | NS, INC.  |  |  |  |  |
|---|--|---------------------|---|--|--|--|--|
| (Enter name of c  | corporation; must include "INCORI<br>corp," "Inc," "Co," or "Corp.") | PORATED," "CC       | MPANY," "CORPORATION,"  |  |  |  |  |
|   |  |                     |   |  |  |  |  |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |  |                     |   |  |  |  |  |
| 2.  | CALIFORNIA   | 2                   | 20-2478604  |  |  |  |  |
| (State or country   | under the law of which it is incorp                                  | orated)             | 20-2478604<br>(FEI number, if applicable                          | )  |  |  |  |
| 4   | 11/19/2004   | 5                   | PERPETUAL   |  |  |  |  |
| (Date   | of incorporation)  |                     | PERPETUAL ation: Year corp. will cease to exist a                 | or "perpetual")  |  |  |  |
| 6.  |  |                     |   |  |  |  |  |
|   |  |                     | la, if prior to registration) S., to determine penalty liability) | STATE OF THE PARTY |  |  |  |
| 7. 11   | 0 WASHINGTON AVENUE W  |                     | - r - r   | The Co   |  |  |  |
| · ·   |  | d office address)   |   |  |  |  |  |
| 1   | 10 WASHINGTON AVENUE W   | #2507. MIAMI B      | FACH, FLORIDA 33139   |  |  |  |  |
|   |  | mailing address)    |   | - Box 6  |  |  |  |
|   |  |                     |   | AR   |  |  |  |
| 8   |  | ORTGAGE LOAI        |   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
| (Purpose(s  | s) of corporation authorized in hom                                  | e state or country  | to be carried out in state of Florida)                            |  |  |  |  |
| 9. Name and stree   | et address of Florida registered a                                   | agent: (P.O. Box    | NOT acceptable)   |  |  |  |  |
| Name: CHRISTOPHER M. SLOAN  |  |                     |   |  |  |  |  |
| Office Address:   | 110 WASHINGTON AVENUE  | #2507               |   |  |  |  |  |
|   | MIAMI BEACH  |                     | Florida 33139   |  |  |  |  |
|   | (City)   |                     | Florida 33139 (Zip code)  |  |  |  |  |
| 10 Dominton d   |  |                     |   |  |  |  |  |
| 10. Kegistered aş<br>Having been nam  | gent's acceptance:<br>eed as registered agent and to a               | ccept service of i  | process for the above stated corpo                                | eration at the place   |  |  |  |
| designated in this  | application, I hereby accept the                                     | e appointment a     | s registered agent and agree to a                                 | ct in this capacity. I   |  |  |  |
| further agree to co<br>and I am familiar  | omply with the provisions of all<br>with and accept the obligation   | l statutes relative | to the proper and complete perf                                   | ormance of my duties   |  |  |  |
| x   | wan and accept the ooligatoji.                                       | 777                 | ns registeren ugent.  |  |  |  |  |
|   | 1 AH   | 4//                 |   |  |  |  |  |
|   | LIH.   | 7711 -              |   |  |  |  |  |
| _   | (Registere karen   | 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. DIM     | e roks  |
|------------|---|
| Chairman   | CHRISTOPHER M. SLOAN  |
| Address:   | 110 WASHINGTON AVENUE #2507   |
| -          | MIAMI BEACH, FLORIDA 33139  |
| Vice Chai  | rman:   |
| Address:   |   |
| Director:  | CHRISTOPHER M. SLOAN  |
| Address:   | 110 WASHINGTON AVENE #2507  |
|            | MIAMI BEACH, FLORIDA 33139  |
| Director:  |   |
| Address:   |   |
|            |   |
| B. OFFI    | ICERS E   |
| President: | CHRISTOPHER M. SLOAN  |
| Address:   | 110 WASHINGTON AVENUE #2507   |
|            | MIAMI, FLORIDA 33139  |
| Vice Pres  | ident:  |
| Address:   |   |
| Secretary: | CHRISTOPHER M. SLOAN  |
| Address:   | 110 WASHINGTON AVENUE #2507, MIAMI, FLORIDA 33139   |
| Treasurer: |   |
| Address:   | 110 WASHINGTON AVENUE #2507, MIAMI, FLORIDA 33139   |
| NOTE:      | If necessary, you may attach an addendum of the application listing additional officers and/or directors. |
| 13         | (Signature of Director of Chilcor listed in number 12 of the application)                                 |
| 14         | CHRISTOPHER M. SLOAN  |
|            | (Typed or printed name and capacity of person signing application)  |

## State of California Secretary of State



### CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, CATHY MITCHELL, Acting Secretary of State of the State of California, hereby certify:

That on the 19TH day of NOVEMBER, 2004, MIURA HOMELOANS, 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 March 14, 2005.

CATHY MITCHELL

Acting Secretary of State