# F05000006771

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Bu	siness Entity Name)			
(Do	cument Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
\/	Office Use Only			



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SECRETARY OF STATE
ALLAHASSEF FLORING

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Malan Financial Allian (Name of corporation	ce Corporation on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to r transact business in Florida.	Authorization to Transact Business in Flexida," egister the above referenced foreign corporation to
Please return all correspondence concerning this matter	to the following:
Nancy Lee Bricker	P
(Name of	Person)
Malan Financial Alliance Corpora	tion
(Firm/Co	mpany)
504 West Mission Avenue Suite 20	
(Addi	
Escondido, CA 92025	· ·
	und Zip code)
For further information concerning this matter, please c	all:
Nancy Lee Bricker at ( 760	) 432-5200
(Name of Person) (Area (	Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sum \text{S78.75 Filing Fee & Certificate of Status}\$	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

. <u>Mala</u> r	r Financial Alliance	≥ Corpor	ration	
		PORATED,"	"COMPANY," "CORPORATION,"	
"Inc.," "Co.," "	Corp," "Inc," "Co," or "Corp.")			0.
				100 Th
			3	(G 9)
(If name unavai	lable in Florida, enter alternate corp	orate name ac	lopted for the purpose of transacting busines	s in Elorida
0.11	. ,		-	72
calli	fornia v under the law of which it is incorporate to the law of which	3	33-0861137	
(State or country	under the law of which it is incorpo	orated)	(FEI number, if applicable)	355 F
. June	10 1999	5.	Perpetual	(35)
(Dat	e of incorporation)	2. <u></u>	Duration: Year corp. will cease to exist or '	'perpetual")
			<del>-</del>	,
l	(Data first transparted	i hugingga in 1	Florida, if prior to registration)	<u></u>
	(SEE SECTIONS 607.150	1 005mess m 1 01 & 607.150	2, F.S., to determine penalty liability)	
	Suite 203	3		
7. 504 W	est Mission Avenue,			<del></del>
	(Principal Suite 203	l office addres	ss)	
504 W	est Mission Avenue,	Escond	ido, CA 92025	
		mailing addres		
	`	Ü	•	
ното	Mortgage Broker			
		e state or cour	ntry to be carried out in state of Florida)	-
(Turpose)	s) of corporation authorized in none	state of cour	my to be carried out in state of Florida)	
). Name and stre	et address of Florida registered a	gent: (P.O.	Box NOT acceptable)	
	Charant Onilla	_		
Name:	Stewart Ogilby		<del></del>	
Office Address:	3839 South Tu	ittle Av	enue	
yaaroo a kaaroos.			<u></u>	
	Sarasota		, Florida 34329 (Zip code)	
	(City)		(Zip code)	
	gent's acceptance:			
taving been nan	ied as registered agent and to ac	cept service:	of process for the above stated corpora	tion at the plac
esignatea in this	i application, I hereby accept the	e appointme	nt as registered agent and agree to act i	n this capacity.
uriner ugree io c nd I am familia	omply with the provisions of all r with and accept the obligations	siaiuies reid S of was nooid	utive to the proper and complete perform	nance of my au
ma i am jammu	with and accept the obligations	s oj my posu S	wn as registerea agent.	
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	1/2 × 1/2	/`///		
_	Alman Va	3mrs		
	(Registered agent's	kianatura)	·	

- 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: Nancy Lee Bricker
Address: 504 West Mission Avenue Suite 203
Escondido, CA 92025
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
P OFFICEDS
B. OFFICERS
President: Nancy Lee Bricker
Address: 504 West Mission Avenue Suite 203
Escondido, CA 92025
Vice President: Same As Above
Address:
Secretary: Same As Above
Address:
Treasurer:Same As Above
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Mancy Le Bricker
(Signature of Director or Officer listed in number 12 of the application)
14. Nancy Lee Bricker president (Typed or printed name and capacity of person signing application)
(1) poor of printing name and capacity of person signing approached)

### State of California Secretary of State

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 10TH day of JUNE 1999, MALAN FINANCIAL ALLIANCE 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 October 27, 2005.



BRUCE McPHERSON Secretary of State