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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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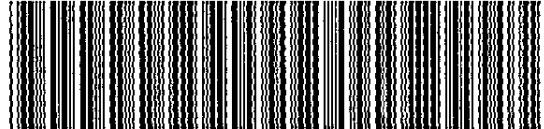
(Business Entity Name)

(Document Number)

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B. McKnight APR 24 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROVIDERS FINANCIAL INC.

(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 Diaz

(Name of Person)

PROVIDERS FINANCIAL INC

(Firm/Company)

3186 Vista way 3rd Floor

(Address)

Oceanside California 92036

(City/State and Zip code)

For further information concerning this matter, please call:

Pam Diaz

(Name of Person)

at

(760) 543-0231

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 PROVIDERS FINANCIAL INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Providers Mortgage or 21daycash

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2 California**

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

**3. 04-3654365**

(FEI number, if applicable)

**4. 9/25/2002**

(Date of incorporation)

**5. perpetual**

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

**6. NA**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 3106 Vista Way 3rd Floor Oceanside Ca 92056**

(Principal office address)

3106 Vista Way 3rd Floor Oceanside Ca 92056

(Current mailing address)

**8. Mortgage Broker**

(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 NOT acceptable)**

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.*

Corporation Service Company

By: [Signature]

(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:**

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DIVISION OF CERTIFICATIONS  
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**A. DIRECTORS**

Chairman: Mark J McIntyre

Address: 3185 Topol  
Oceanside Ca 92054

Vice Chairman: Matt S. Smith

Address: 560 Big Sky Dr  
Oceanside Ca 92054

Director: Mark J. McIntyre

Address: 3185 Topol  
Oceanside Ca 92054

Director: Matt S. Smith

Address: 560 Big Sky Dr  
Oceanside Ca 92054

**B. OFFICERS**

President: Mark J McIntyre

Address: 3185 Topol  
Oceanside Ca 92054

Vice President: Matt S. Smith

Address: 560 Big Sky Dr  
Oceanside Ca 92054

Secretary: Mark J. McIntyre

Address: 3185 Topol Oceanside

Treasurer: Matt S. Smith

Address: 560 Big Sky Dr Oceanside Ca 92054

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

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)

14. Mark J. McIntyre President  
(Typed or printed name and capacity of person signing application)

**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 **25TH day of SEPTEMBER, 2002, PROVIDERS FINANCIAL INC.** 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 21, 2006.



**BRUCE McPHERSON**  
Secretary of State

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DIVISION OF CORPORATIONS