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Division of Corporations
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From:
Account Name : CORPODIRECT AGENTS, INC.
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FOREIGN PROFIT/NONPROFIT CORPORATION

FIRST ALLIED MORTGAGE

Certificate of Status	0
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**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. First Allied Mortgage
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

First Allied Funding Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 68-0266538
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/03/92 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. 1701 N. California Blvd., Walnut Creek, California 94596
(Principal office address)

1701 N. California Blvd., Walnut Creek, California 94596
(Current mailing address)
8. Mortgage Lending and Brokering
(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: License and Compliance Resource, LLC

Office Address: 245 Gray Street

West Palm Beach, Florida 33405
(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.*

License and Compliance Resource, LLC

MAX LEWIS
(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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A. DIRECTORS

Chairman: Belia Franko

Address: 1701 N. California Blvd., Walnut Creek, California 94596

Vice Chairman: N/A

Address: N/A

Director: Belia Franko

Address: 1701 N. California Blvd., Walnut Creek, California 94596

Director: Daniel Franko

Address: 1701 N. California Blvd., Walnut Creek, California 94596

B. OFFICERS

President: Belia Franko

Address: 1701 N. California Blvd., Walnut Creek, California 94596

Vice President: N/A

Address: N/A

Secretary: Daniel Franko

Address: 1701 N. California Blvd., Walnut Creek, California 94596

Treasurer: Belia Franko

Address: 1701 N. California Blvd., Walnut Creek, California 94596

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

13. *Belia Franko*

(Signature of Director or Officer listed in number 12 of the application)

14. Belia Franko

Pres/Treas/Dir

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

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of CONTRA COSTA

} ss.

On JUNE 29 2006, before me, KAVEH ASTANEH NOTARY PUBLIC

Date

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared BELIA FRANCO AND DANIEL FRANCO

Name(s) of Signer(s)



☒ personally known to me

☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he/she~~ they executed the same in ~~his/her~~ their authorized capacity(ies), and that by ~~his/her~~ their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Document Date: _____ Number of Pages: _____

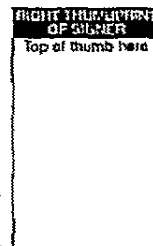
Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____



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State of California
Secretary of State

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**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

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

That on the 3rd day of January, 1992, FIRST ALLIED MORTGAGE 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
July 6, 2006.



BRUCE McPHERSON
Secretary of State