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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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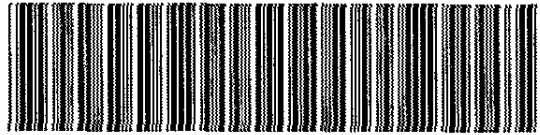
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TO: New Filing Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: DEOCAP CORPORATION
(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:

ALMA VICTORIA
(Name of Person)

DEOCAP CORPORATION
(Firm/Company)

645 HARRISON ST. STE 201
(Address)

SAN FRANCISCO, CA 94107
(City/State and Zip code)

For further information concerning this matter, please call:

ALMA VICTORIA at (877) 445 4781
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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

2. CA 3. 20-5314076
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-20-06 5. PERP
(Date of incorporation) (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. 645 HARRISON ST SUITE 201 SAN FRANCISCO, CA
(Principal office address)

94107

(Current mailing address)

8. MORTGAGE LENDING
(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: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND

PLANTATION, Florida 33324
(City) (Zip code)

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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.

Not Fenn
(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:

A. DIRECTORS

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Neill Sullivan
(Signature of Director or Officer listed in number 12 of the application)

14. Neill Sullivan
(Typed or printed name and capacity of person signing application)

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DEOCAP Corporation

**645 Harrison St, Suite 201
San Francisco CA 94107
ph: 877-445-4781
Fax: 877-445-3404**

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Date of Incorporation: July 20, 2006
State of Incorporation: CA
Duration: Perpetual

Fed Tax Id#: 20-5314076

Authorized Shares: 10,000,000

Shareholders

Neill Sullivan Home Address: 2527 25th Street, San Francisco CA 94110	125,000 Shares	50%
William Raney Home Address: 3414 Guido St., Oakland, CA 94602	125,000 shares	50%

Directors

Bill Raney 3414 Guido St., Oakland, CA 94602		
Neill Sullivan 2527 25th Street, San Francisco CA 94110		

Officers

Bill Raney 3414 Guido St., Oakland, CA 94602	Vice President/Secretary	
Neill Sullivan 2527 25th Street, San Francisco CA 94110	President/Treasurer	

State of California
Secretary of State

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

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

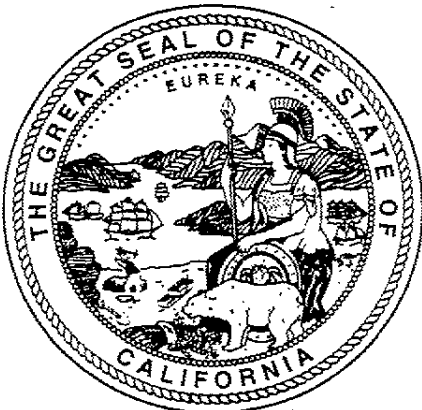
That on the **20th day of JULY, 2006, DEOCAP CORPORATION** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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
August 8, 2006.



BRUCE McPHERSON
Secretary of State