To: Fl Dept of State Subject: 0715.58660 From: Tracy Spear

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 : (850)222-1173

: (850)224-1640 Fax Number

FOREIGN PROFIT/NONPROFIT CORPORATION

HOME LENDING CAPITAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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10/11/2006 1:33:38 PM

APPLICA		ION FOR AUTHORIZATION TO TRANSAC IN FLORIDA	ĮALL SECI
		TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	AHAS MAN
Home Le	ending Capital, Inc.		SiZ
(Enter name of or	arporation; must include "INCORPORATED, orp." "Inc." "Co." or "Corp.")	" "COMPANY." "CORPORATION."	OF STAT
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	. 3m
2. California	a	20-1379284 (FEI number, If applicable)	
	under the law of which it is incorporated)		
4. 07/12/20	5.	Perpetual	_
•	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon filir			
		n Flurida, if prior to registration) 502, F.S., to determine penalty liability)	
- 6480 We	athers Place, Suite 200,	, , , , , , , , , , , , , , , , , , , ,	
7.0-100 110	(Principal office add		, "
6480 We	athers Place, Suite 200,		• :
	(Current mailing add	dress)	•
R Mortgage	B DFOKEF I) of corporation authorized in home state or c		-
. , .	•	•	
9. Name and street	ot address of Florida registered agent: (P.6	O. Box NOT acceptable)	
Name:	NRAI Services, Inc.		
Office Address:	2731 Executive Park D	<u>r.,</u> Ste 4	
	Weston	, Florida 33331	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoint	ice of process for the above stated corporation at the present as registered upont and agree to act in this capa relative to the proper and complete performance of maxion as registered agent.	city. /

(Registered agent's signature) Michael Mirrione, Assistant Secretary

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.

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Names and business addresses of officers and/or directors:	SSS ASS
DIRECTORS	<u></u>
rman: Chad Baird	101
6480 Weathers Place, Suite 200, San Diego, CA 92121	
Chairman: Nathan McCabe	
6480 Weathers Place, Suite 200, San Diego, CA 92121	
stor:	
CSS:	
ilor:	
ccs:	
officers dunt: Chad Baird ess. 6480 Weathers Place, Suite 200, San Diego, CA 92121	
President:	
es:	
ress: 6480 Weathers Place, Suite 200, San Diego, CA 92121	
Assurer:	
Assurer:	
Nathan McCabe Iress: 6480 Weathers Place, Suite 200, San Diego, CA 92121 Itess:	
asurer:	
Assurer:	

2006 OCT | I PH |:
SEGRETARY OF STAI

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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 8TH day of JULY, 2004, HOME LENDING CAPITAL, 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 May 5, 2006.



BRUCE McPHERSON Secretary of State

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