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(Requ	estor's Name)	_
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(Addre	ess)	*************************************
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busin	ess Entity Nar	me)
(Docum	ment Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
ANYHOMIZATION BY P CORRECT AND DATE // 104/100 DOC. EXAM	HOMETO,	AVE fo Coip. Alternate name

Office Use Only



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06 NOV 22 PM 2: 37

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Lenox Financial Mortgage Corporation	
	ation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation to "Certificate of Existence," and check are submitted transact business in Florida.	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	tter to the following:
Jeff Wolfe	
(Name	e of Person)
Lenox Financial Mortgage Corporation	
(Firm	(Company)
16802 Aston	·
. (A	ddress)
Irvine, CA 92606	
(City/Sta	ate and Zip code)
For further information concerning this matter, please	se call:
Jeff Wolfe at (949	777-2144
(Name of Person) (Ar	ea 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 & \$87.50 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.

(Puret name of co	rporation; must include "INCORPORATE	D," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")	,,,
Lenox Direct I	inc .	
		ne adopted for the purpose of transacting business in Florid
California		
·	inder the law of which it is incorporated)	3. <u>95-4762204</u> (FEI number, if applicable)
09/10/1999	• /	• • • • •
·	of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual"
_	or meorporation)	(Duration. Teat cosp. win cease to exist of perpetual
ó	(Date first transacted busines	s in Florida, if prior to registration)
		1.1502, F.S., to determine penalty liability)
16802 Aston, Irvir	ne, CA 92606	
	(Principal office a	ddress)
16802 Aston, Irvi	· · · · · · · · · · · · · · · · · · ·	
	(Current mailing a	ddress)
Residential Morte	gage Lending	
·		country to be carried out in state of Florida)
(Purpose(s)	or corporation authorized in nome state of	
	-	75
	address of Florida registered agent: (F	75
	-	75
). Name and street	address of Florida registered agent: (F	75
Name and street Name:	address of Florida registered agent: (F	P.O. Box NOT acceptable) ARE
Name and street Name:	address of Florida registered agent: (F	P.O. Box NOT acceptable) ALCARIAN SECURITARIAN SECURITAR
O. Name and <u>street</u> Name: Office Address:	address of Florida registered agent: (F C T Corporation System 1200 South Pine Island Road Plantation (City)	P.O. Box NOT acceptable)
Name and street Name: Office Address: O. Registered ag	address of Florida registered agent: (F C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ad as registered agent and to accept set	P.O. Box NOT acceptable) A PROPERTY OF THE CONTROL
Name and street Name: Office Address: O. Registered age Having been name designated in this of	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept set application, I hereby accept the appoin	P.O. Box NOT acceptable)
Name and street Name: Office Address: O Registered age Having been name designated in this office to co	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept set application, I hereby accept the appoin	P.O. Box NOT acceptable) Selection of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of the proper and complete performance of
Name and street Name: Office Address: O Registered age Having been name designated in this office to co	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ad as registered agent and to accept set application, I hereby accept the appointment of the provisions of all statutes.	P.O. Box NOT acceptable) Selection of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of the proper and complete performance of
Name and street Name: Office Address: O Registered age Having been name designated in this office to co	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ad as registered agent and to accept set application, I hereby accept the appoinmply with the provisions of all statutes with and accept the obligations of my	P.O. Box NOT acceptable) Selection of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of process for the above stated corporation at the state of the proper and complete performance of

- 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:

Chairman: Wesley C. Hoaglund
Address: 16802 Aston, Irvine, CA 92606
/ice Chairman:
Address:
Nivertory.
Director:
Address:
Director:
Address:
3. OFFICERS
President: Wesley C. Hoaglund
Address: 16802 Aston, Irvine, CA 92606
/ice President:
Address:
Secretary: Wesley C. Hoaglund
Address: 16802 Aston, Irvine, CA 92606
reasurer: Wesley C. Hoaglund
Address: 16802 Aston, Irvine, CA 92606
NOTE: If necessary, you may attach an addendam to the application disting additional officers and/or directors.
3. Jelen Houf
(Signature of Director of Officer listed in number 12 of the application)
4. Wesley C. Hoaglund, President / (Typed or printed name and capacity of person signing application)

A. DIRECTORS

Lenox Financial Mortgage Corporation

Corporate Officers & Directors

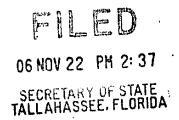
Corporate Officers

Directors

Wesley C. Hoaglund President, Secretary & Treasurer 16802 Aston Irvine, CA 92606 (949) 428-5100 Wesley C. Hoaglund Sole Director 16802 Aston Irvine, CA 92606 (949) 428-5100

Jeff M. Wolfe Assistant Secretary 16802 Aston Irvine, CA 92606 (949) 777-2144

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 September, 1999, LENOX FINANCIAL MORTGAGE 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 November 14, 2006.

SEAL OF THE OF THE OF

BRUCE McPHERSON Secretary of State