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Florida Department of State

Tuesday, December 19, 2006

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

01448.61121

FOREIGN PROFIT/NONPROFIT CORPORATION**REGALIA MORTGAGE COMPANY, INC.**

Certificate of Status	0
Certified Copy	0
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Tuesday, December 19, 2006 1:29 PM Page: 2 of 5

850-205-0381

12/7/2006 11:17

PAGE 001/001

Florida Dept of State



December 7, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS, INC.

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SUBJECT: REGALIA MORTGAGE COMPANY, INC.
REF: W06000052873

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The date of incorporation on the application must match the date on the certificate.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

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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. **Regalia Mortgage Company, Inc.**

(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. **California**

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

3. **72-1541001**

(FEI number, if applicable)

4. **09/18/2002**

(Date of incorporation)

5. **Perpetual**

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

6. **Upon Registration**

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

7. **1048 Irvine Avenue, Suite 103, Newport Beach, CA 92660**

(Principal office address)

1048 Irvine Avenue, Suite 103, Newport Beach, CA 92660

(Current mailing address)

8. **Mortgage Services**

(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: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Dr., Ste 4**

Weston

(City)

, Florida **33331**

(Zip code)

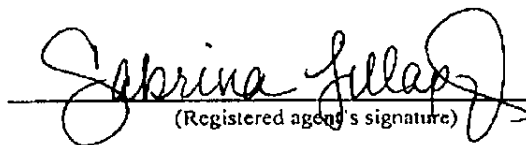
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TALLAHASSEE, FLORIDA

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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.


(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.

H06000289480 3

H06000289480 3

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: James Lowell

Address: 1048 Irvine Avenue, Suite 103
Newport Beach, CA 92660

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James Lowell

Address: 1048 Irvine Avenue, Suite 103
Newport Beach, CA 92660

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. _____

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

14. James Lowell , President

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

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TALLAHASSEE, FLORIDA

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State of California
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 **18th day of September 2002**, **REGALIA MORTGAGE COMPANY, 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
October 17, 2006.



BRUCE McPHERSON
Secretary of State

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