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| (| Requestor's Name) | |
|----------------------|-------------------------|-------|
| | Address) | • |
| (| Address) | |
| (| City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| | Business Entity Name) | |
| (| Document Number) | |
| Certified Copies | Certificates of S | tatus |
| Special Instructions | to Filing Officer: | |
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COVER LETTER

| TO: New Filing Section Division of Corporations | | | | |
|--|---|---------------------------|--|----------------|
| SUBJECT: C M W (Name o | northage | Landin | 5 | |
| (Name o | f corporation - mu | st include suffix) |)~ | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreign Corp "Certificate of Existence," and check are su transact business in Florida. | | | | |
| Please return all correspondence concerning | g this matter to the | following: | | |
| ROBERT | Cochem | 5 | | |
| Robert | (Name of Person | 1) | | |
| C+M M | (Firm Company | Landin | 19 | |
| 24391 Chown Vall | a PKWY | #140 | | |
| 24391 Crown Vall | (Address) | | . Z | |
| Mission | Vicio (| JA 921 | 691 ES | |
| | (City/State and Zip | code) | N. T. | GO CHARACTO |
| For further information concerning this mat | ter, please call: | | SEE, FLO | |
| Robert Cochems | 1 (BOO) 7 | 123 22 | NAME OF THE PROPERTY OF THE PR | 8 |
| ROBERT COCHEMI at (Name of Person) | (Area Code & | Daytime Telepl | hone Number) | · |
| | | | | • |
| STREET/COURIER ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section | | Section | | |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 | | | |
| 2661 Executive Center Circle Tallahassee, FL 3231 | | | | |
| Tallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amou | nt: | | | |
| \$70.00 Filing Fee \$78.75 Filing F Certificate of | | 5 Filing Fee & ified Copy | \$87.50 Fil Certifica Certified | te of Status & |

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

(FEI number, if applicable) 5. (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) (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: SOUTH PINE ISLAND Rd. Office Address: 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 onligations of my position as registered agent. Peter F. Souza **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.

(Registered agent's signature)

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

| A. DIRECTORS |
|---|
| Chairman: PROSIDENT LAUE COCHEMS |
| Address: 2639 1 CROWN VAlley PARKWAY \$ 140 |
| Mission VIETO, CALIF 92691 |
| Vice Chairman: DAMES MORRIS |
| Address: 26391 CROWN VALLEY ARKENAY # 140 |
| Mission VIETO CA. 9269, |
| Director: David Cochems |
| Address: 24391 Crown Valley PKWy #140 |
| MISSION VICTO CA 9269/ |
| Director: TWWS MOYNS |
| Address: 2U3Al Crown Valley PKWy #140 |
| MISSION MÃO MA 92691 |
| B. OFFICERS |
| President: DAVIA COCHEMS |
| Address: 2U391 COWN Vally Pluy #140 FEE & TI |
| Mission Vicio ca arrai |
| Vice President: |
| Address: |
| Dir & |
| Secretary: MMC H-MOMS |
| Address: 24391 Com Vally Plant #140, mission Ngo ca 9249 |
| Treasurer: ROBERT COCHEMS |
| Address: 24391 Crown Value Pluny #440 Mission Vicio CA |
| 9269 |
| 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. DAVID COCHEMS PRETIDENT |
| (Typed or printed name and capacity of person signing application) |

VICE President of sales theoff cochems 2 U391 COWN VAILEY PKM #140 Mission Vido UN 92091

VICE PRISIDENT OF MARKETING JUNIFER MONIS 20391 COWN VAILED PKWY #140 Mission Vitjo CA 92691

SECRETARY OF STATE

State of California

Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN. Secretary of State of the State of California, hereby certify:

That on the **16th day of April**, **2007**, **C & M MORTGAGE LENDING** 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 June 18, 2007.



Jehn Bowen

DEBRA BOWEN
Secretary of State