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(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
AND ASSEE, FLORID



COVER LETTER

TO:		Filing S ion of C	ection orporations				
SUBJ	FCT.	Para	mount C	ommercial	Lending,	Inc	
3000	BC1.			(Name of corpo)
Dear S	ir or M	adam:					
"Certif	icate of		nce," and che				act Business in Florida," enced foreign corporation to
Please	return :	all corre	spondence co	oncerning this m	natter to the fol	llowing:	
Jani	ce A	. Breit	t				
			 	(Nar	ne of Person)		
Para	amou	nt Co	mmercia	I Lending,	Inc		
					n/Company)		
2410)8 W	79th	Terr				
				((Address)		· · · · · · · · · · · · · · · · · · ·
Lene	exa, I	<s 66<="" td=""><td>227</td><td></td><td></td><td></td><td></td></s>	227				
			 	(City/S	State and Zip co	ode)	
For fu	rther in	formatic	on concerning	this matter, ple	ease call:		
Janie	ce A.	Breit		at (_9'	13 , 669	-1171	
	(Nan	ne of Pe	rson)	(A	Area Code & D	aytime Telep	hone Number)
	New Divis Clifto 2661	Filing S ion of C on Build Executi	corporations			New Filing	Corporations 27
Enclos	sed is a	check fo	or the followi	ng amount:			
₹]\$70	.00 Fili	ng Fee		Filing Fee & ficate of Status		Filing Fee & ed 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.

able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting busi	iness in Florida)		
3	20-860521			
under the law of which it is incorporated)	(FEI number, if applicable	e)		
75	Perpetual			
of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")		
		 		
•				
9th Terr, Lenexa, Ks 6622	7			
	<u> </u>			
	sial tages			
		A SEC		
•		器		
	P.O. Box NOT acceptable)	ASS.		
et address of Florida registered agent: (P		(D-1)		
et address of Florida registered agent: (P NRAI Services, Inc		7 F		
	 Buite 4	7 PH II		
NRAI Services, Inc 2731 Executive Park Dr S	22224	7 PH 11: 4		
NRAI Services, Inc 2731 Executive Park Dr S Westin	Suite 4, Florida 33331(Zip code)	7 PH II: 41 RY OF STATE SEE, FLORIDA		
NRAI Services, Inc 2731 Executive Park Dr S Westin (City)	, Florida 33331	7 PH II: 41 RY OF STATE SEE, FLORIDA		
NRAI Services, Inc 2731 Executive Park Dr S Westin (City) gent's acceptance:	, Florida 33331 (Zip code)	>		
NRAI Services, Inc 2731 Executive Park Dr S Westin (City) gent's acceptance: sed as registered agent and to accept ser application, I hereby accept the appoin	, Florida 33331 (Zip code) rvice of process for the above stated corputation as registered agent and agree to a	>> poration at the p act in this capac		
NRAI Services, Inc 2731 Executive Park Dr S Westin (City) gent's acceptance: and as registered agent and to accept ser application, I hereby accept the appoint comply with the provisions of all statutes	, Florida 33331 (Zip code) vice of process for the above stated corputation as registered agent and agree to a relative to the proper and complete per	>> poration at the p act in this capac		
NRAI Services, Inc 2731 Executive Park Dr S Westin (City) gent's acceptance: and as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	, Florida 33331 (Zip code) vice of process for the above stated corputation as registered agent and agree to a relative to the proper and complete per	>> poration at the p act in this capac		
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NRAI Services, Inc 2731 Executive Park Dr S Westin (City) gent's acceptance: and as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	, Florida 33331 (Zip code) rvice of process for the above stated corputment as registered agent and agree to a relative to the proper and complete perposition as registered agent.	>> poration at the p act in this capac		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1501 & 607.1501 of Principal office at (Principal office at (Current mailing at and brokering of commerce)	(FEI number, if applicable 5.		

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: __ Address: Vice Chairman: Address: ___ Director: __ **B. OFFICERS** President: Janice A. Breit Address: 24108 W 79th Terr Lenexa, Ks 66227 Vice President: Dustin Williams Address: 24015 W 114th Pl Olathe, KS 66061 Secretary: Dustin Williams Address: 24015 W 114th PI Treasurer: __ Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

14. Janice A. Breit, President

Dustin Williams

From:

janice@paracomlending.com

Sent:

Monday, September 10, 2007 1:49 PM

To:

Dustin Williams

Subject: Emailing: certificate

STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: PARAMOUNT COMMERCIAL LENDING, INC.

Structure: KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 4060844

Was filed in this office on April 16, 2007 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 10 of September, 2007.

RON THORNBURGH SECRETARY OF STATE

Certificate ID: 114947 - To verify the validity of this certificate please visit https://www.accesskansas.org/businessentity/validate.html and enter the certificate ID number.