

Florida Department of State

Division of Corporations Public Access System

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TO:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

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FOREIGN PROFIT/NONPROFIT CORPORATION

Loan Administration Network, Inc.

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

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Help

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.

| • | ole in Florida, enter alternate corporate name adopted | |
|--|---|--|
| (State or country to | nder the law of which it is incorporated) | (FEI number, if applicable) |
| | 16 199 5. (Dura: | |
| (Date of | f incorporation) (Dura | tion: Year corp. will cease to exist or "perpetual") |
| б, | (Date first transacted business in Florid (SEE SECTIONS 607.1501 & 607.1502, P.S | · • • • • • • • • • • • • • • • • • • • |
| 7 | 52 HOCArthur Blod, Ste 10 | o Irvine, Ca. 92612 20 00 |
| | (Principal office address) | |
| <u> 1893</u> | (Current mailting address) | - ITUINE, CA 426/2 |
| 8. <u>Servi</u> | ce Staffing needs for our cl | - Irvine, CA. 926/2255 - Irvine, CA. 926/2355 be carried out in state of Plorida) NOT acceptable) Tend |
| (Purpose(s) | of corporation authorized in home state or country to | be carned out in state of Monda) |
| 9. Name and street | address of Florida registered agent: (F.O. Box | NOT acceptable) |
| Manne: | CANADA CANADA | 1 6 7-1 |
| Office Address: | 1200 S Pine Island R | |
| | Plantation (City) | Plorida 33324 (Zip code) |
| designated in this a further agree to con | l as registered agent and to accept service of pi pplication, I horeby accept the appointment as | rocess for the above stated corporation at the place registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, a registered agent. |
| ×- | M. T. Fitzpatrick | M.Y. FITZPATRICK 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 a preture)

08 JUL - 2 PM 12: 56

| 12. Names and business addresses of officers and/or directors: | SECRETARY OF SECTO |
|--|--|
| A. DIRECTORS | SECRETARY OF STATE FALLAHASSEE. FLORIDA |
| Chairman: | |
| Address: | · · · · · · · · · · · · · · · · · · · |
| | |
| Vice Chuirman: | ,,, |
| Address: | ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- · |
| Director: | |
| Address: | |
| Addition. | · |
| Director: | |
| Address: | |
| | |
| B. OFFICERS President: DRRLENE LORIGHT | |
| Address: 1876 Deodar St fruntain Valley, Ca. 9270 | · · · · · · · · · · · · · · · · · · · |
| Vice President Mark DeStafano | 28 |
| Address: 18952 Mac Arthur Blud \$100 | , Irvine, CA 92612 |
| 06.1.1.1. | |
| Secretary: Charlene Nichols Address: 18952 Mac Arthur Blud * | |
| Address: 18952 Mac Arthur 1510d + | 100, 1 rune, CA 42612 |
| Tyensurer: | , |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application listin | ng additional officers and/or directors. |
| 13. (Signature of Director or Officer listed in number 12 | of the application) |
| 4 4 1 8 00 0 | E-PRESIDENT |

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

State of California Secretary of State

08 JUL -2 PH 12: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

LOAN ADMINISTRATION NETWORK, INC.

FILE NUMBER: FORMATION DATE:

C1714209 10/16/1992

TYPE:

DOMESTIC CORPORATION

TYPE: JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 01, 2008.

DEBRA BOWEN Secretary of State