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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Equity Loan Services, Inc.**

Certificate of Status	0
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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. Equity Loan Services, 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. Delaware**

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

**3. 26-2417142**

(FBI number, if applicable)

**4. 04/14/2008**

(Date of incorporation)

**5. Perpetual**

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

**6. Upon Qualification**

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

**7. 1100 Superior Avenue, Suite 200, Cleveland, OH 44114**

(Principal office address)

same

(Current mailing address)

**8. Real estate information, data, recording and title 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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**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.*

CT Corporation System

By: Barbara A. Burke

(Registered agent's signature)

Barbara A. Burke  
Special 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.**

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

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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS      SEE ATTACHMENT**

President: Paul M. Doman

Address: 1 First American Way

Santa Ana, CA 92707

Vice President: Sean Conway

Address: 1 First American Way

Santa Ana, CA 92707

Secretary: Grace K. Lee

Address: 1 First American Way, Santa Ana, CA 92707

Treasurer: Sean Conway

Address: 1 First American Way, Santa Ana, CA 92707

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. Paul M. Doman - President

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Kenneth D. DeGiorgio  
Officer/Director: Officer  
Officer's Title: Vice President & Asst. Secretary  
Director's Title:  
Business Address: 1 First American Way  
City: Santa Ana  
State: CA  
ZIP Code: 92707
- 2 Full Name: John Baumbick  
Officer/Director: Officer  
Officer's Title: Vice President  
Director's Title:  
Business Address: 1 First American Way  
City: Santa Ana  
State: CA  
ZIP Code: 92707
- 3 Full Name: Frank V. McMahon  
Officer/Director: Officer  
Officer's Title: Vice President  
Director's Title:  
Business Address: 1 First American Way  
City: Santa Ana  
State: CA  
ZIP Code: 92707
- 4 Full Name: Michael A. Rasic  
Officer/Director: Officer  
Officer's Title: Vice President  
Director's Title:  
Business Address: 1 First American Way  
City: Santa Ana  
State: CA  
ZIP Code: 92707

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EQUITY LOAN SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6803328

DATE: 08-20-08