

**F08000003887**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

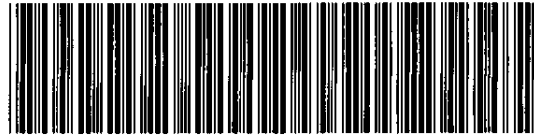
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

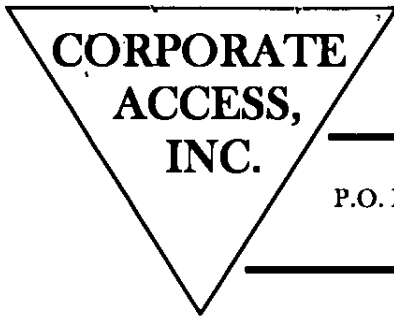
Office Use Only



200134993872

09/04/08--01004--023 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 SEP -4 AM 11:13  
NOT ENDORSED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING



*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP:

9/4/08 BW

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

Articles - Foreign

1. Lend Sure Financial Services, Inc.  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

---

---

---

---

---

**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. LendSure Financial 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. California**

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

**3. 26-3127754**

(FEI number, if applicable)

**4. 07/29/2008**

(Date of incorporation)

**5. Perpetual**

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

6.

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

**7. 30902 Colonial Place, Laguna Niguel, CA 92677**

(Principal office address)

Same As Above

(Current mailing address)

**8. Mortgage Business**

(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: **Paracorp Incorporated**

Office Address: **236 East 6th Avenue**

**Tallahassee**

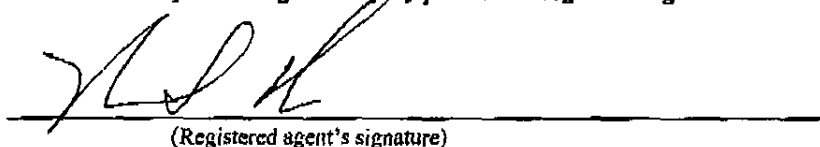
(City)

**Florida 32303**

(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.*



(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.

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

**A. DIRECTORS**Chairman: Joseph J. LydonAddress: 30902 Colonial Place  
Laguna Niguel, CA 92677

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

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

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

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

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

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

**B. OFFICERS**President: Joseph J. LydonAddress: 30902 Colonial Place  
Laguna Niguel, CA 92677Vice President: Stuart D. MarvinAddress: 30902 Colonial Place  
Laguna Niguel, CA 92677Secretary: Joseph J. LydonAddress: 30902 Colonial Place Laguna Niguel, CA 92677Treasurer: Stuart D. MarvinAddress: 30902 Colonial Place Laguna Niguel, CA 92677**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Joseph J. Lydon  
(Signature of Director or Officer listed in number 12 of the application)14. Joseph J. Lydon - President  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**LENDSURE FINANCIAL SERVICES, INC.**

**FILE NUMBER:** C3156235  
**FORMATION DATE:** 07/29/2008  
**TYPE:** DOMESTIC CORPORATION  
**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 August 22, 2008..

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State