

FD9000000655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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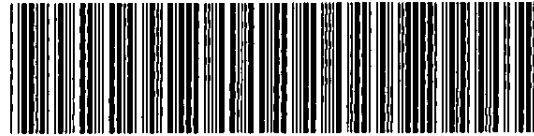
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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DATE: 02-19-09

NAME: PACWEST FUNDING INC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: CK FOR &78.75 ATTACHED

RETURN:

Certified Copy

ACCOUNT: ~~FCA000000015~~

AUTHORIZATION: ~~ABBIE/PAUL HODGE~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. PACWEST FUNDING inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Int.," "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. 061702219

(FEI number, if applicable)

4. 7/9/2003

(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. 7525 IRVINE CENTER DR STE 200, IRVINE, CA 92618

(Principal office address)

7525 IRVINE CENTER DR STE 200, IRVINE, CA 92618

(Current mailing address)

8. MORTGAGE BROKER

(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: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE

(City)

. Florida 32301

(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.

Ricardo Drozed

(Registered agent's signature)

Ricardo Drozed, 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CURTIS MELONE

Address: 7525 IRVINE CENTER DRIVE STE 200, IRVINE, CA 92618

Vice President: _____

Address: _____

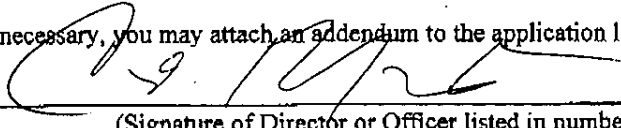
Secretary: CHRISTOPHER FOX

Address: 9525 IRVINE CENTER DR STE 200, IRVINE, CA 92618

Treasurer: BRIAN LARUFFA

Address: 9525 IRVINE CENTER DR STE 200, IRVINE, CA, 92618

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. CURTIS MELONE - PRESIDENT
(Typed or printed name and capacity of person signing application)

**State of California
Secretary of State**

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TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

PACWEST FUNDING

FILE NUMBER: C2543670
FORMATION DATE: 07/09/2003
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 February 10, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State