F09000001298

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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W09-11510

B. McKnight MAR 3 1 2009

COVER LETTER

TO: New Filing S Division of	Section Corporations		
SUBJECT: Ma	ain Street Lena	ding Inc	
		oration - must include suffix	x)
Dear Sir or Madam:			
	cation by Foreign Corporation ence," and check are submitted Florida.		
	espondence concerning this m		
Joseph Roberts			
	(Nan	ne of Person)	
Joseph Roberts (Name of Person) Main Street Lending Inc (Firm/Company)			
(Firm/Company)			
3345 N	ewport Blud	#213, Newpo	ort Beach, CA 92663
	(,	Address)	
	(City/S	tate and Zip code)	
For further information of Performance of Performan	on concerning this matter, pleased berts Skerrith at (94) erson) (A	ase call: 9 675-996 rea Code & Daytime Telep	<i>D</i> hone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section Corporations 27	
Enclosed is a check f	or the following amount:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED
DEFINITION STATE

FLORIDA DEPARTMENT OF STATE

Division of Corporations

March 11, 2009

JOSEPH ROBERTS 3345 NEWPORT BLVD #213 NEWPORT BEACH, CA 92663

SUBJECT: MAIN STREET HOME LENDING

Ref. Number: W09000011510

We have received your document for MAIN STREET HOME LENDING and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 609A00008335

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. Main Street Lending, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Main Street Home Lending Inc.

(If name unavailable in Florida, enter alternate corporate same adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) Year corp. will cease to exist or "perpetual") Mone (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 92663 // (Current mailing address) (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: Governors Square Bud. Suite 101 Office Address: pllohosee, Florida 32301 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.

long on Spalinger, Asst. Sec. for Businessfilings Incorporated (Registered aged's signature)

many Spatinger.

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. DIRECTO	RS COST A STILLION DO DOST
Chairman:	JOSEPH RUE (COSER)
Address:	402 GolDen RON Que.
	Joseph Airthur Reserts 402 Golden Row Ave. Coras al MAN, CA 92625
Address:	
Director:	
Address:	
	
B. OFFICERS	
President:	Soseph Anthur Roser15
Address:	402 Golden Rod Aue.
	Joseph Anthur Roser's 402 Golden Rod Aue. Corono del MAR CA 92625
Address:	
	<u> </u>
Secretary:	Some
Address:	SS 0
Treasurer:	
Address:	
	IDE S
NOTE: If neces	ssary, 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	(Typed or printed name and capacity of person signing application)
	i i vocu di ditilicu hame and cadacity di deison signing addication)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MAIN STREET LENDING, INC.

FILE NUMBER:

C3011232

FORMATION DATE:

08/03/2007

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 21, 2009.

DEBRA BOWENSecretary of State