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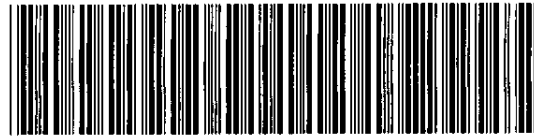
(Business Entity Name)

(Document Number)

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**DATE: 04-29-09**

**NAME: LOANDEPOT.COM**

**TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS**

**COST: CK FOR \$78.75 ATTACHED**

**RETURN: CERT. OF GOOD STANDING**

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**ACCOUNT: ~~FCA000000015~~**

**AUTHORIZATION: ~~ABBIE/PAUL HODGE~~**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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. LOANDEPOT.COM 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. 26-4599244

(FEI number, if applicable)

4. 04/01/2009

(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. 2601 MAIN STREET, SUITE 450, IRVINE, CA 92614

(Principal office address)

(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)

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TALLAHASSEE, FLORIDA

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**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.*

Sean Prewitt, Asst. Secretary  
(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: \_\_\_\_\_

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

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

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

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

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

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

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

**B. OFFICERS**

President: CEO, ANTHONY HSIEH

Address: 2601 MAIN STREET, SUITE 450  
IRVINE, CA 92614

Vice President: SVP, PETER MACDONALD

Address: 2601 MAIN STREET, SUITE 450  
IRVINE, CA 92614

Secretary: PETER MACDONALD

Address: 2601 MAIN STREET, SUITE 450, IRVINE, CA 92614

Treasurer: TSUTUMO YEBISU

Address: 2601 MAIN STREET, SUITE 450, IRVINE, CA 92614

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**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. PETER MACDONALD, SECRETARY/SVP

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

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

LOANDEPOT.COM

**FILE NUMBER:** C3205161  
**FORMATION DATE:** 04/01/2009  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

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 April 23, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State