

F09000003611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

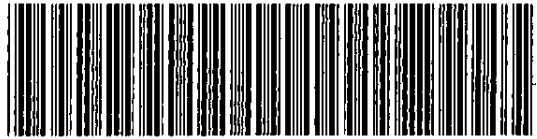
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Certificates of Status \_\_\_\_\_

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08/10/09--01024--008 \*\*87.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 SEP -9 PM 5:00

9/10/09

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** California Financial Group, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

W. Sean Smith

Name of Person

California Financial Group, Inc.

Firm/Company

2465 Bethel Road, Ste. 102

Address

Port Orchard, WA 98366

City/State and Zip code

ssmith@cfgbancorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Smith

Name of Person

at ( 360 ) 874-2500

Area Code & Daytime Telephone 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

Enclosed is a check for 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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2009

W. SEAN SMITH  
2465 BETHEL ROAD  
SUITE 102  
PORT ORCHARD, WA 98366

SUBJECT: CALIFORNIA FINANCIAL GROUP, INC.  
Ref. Number: W09000036328

We have received your document for CALIFORNIA FINANCIAL GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 409A00028676



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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DIVISION OF CORPORATIONS

2009 SEP -9 PM 5:00

August 11, 2009

W. SEAN SMITH  
2465 BETHEL ROAD  
SUITE 102  
PORT ORCHARD, WA 98366

SUBJECT: CALIFORNIA FINANCIAL GROUP, INC.  
Ref. Number: W09000036328

We have received your document for CALIFORNIA FINANCIAL GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 109A00027378

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09 AUG 24 AM 11:04  
DIVISION OF CORPORATIONS

**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. California Financial Group, 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. 33-0778253

(FEI number, if applicable)

4. 10/17/1997

(Date of incorporation)

5. perpetual

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

6. 6/1/09

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

7. 2465 Bethel Road, Ste. 102, Port Orchard WA 98366

(Principal office address)

same

(Current mailing address)

8. Mortgage Lending

(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: Brad Leslie

Office Address: 117 Island Cottage Way

St. Augustine

(City)

Florida

32080

(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.

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2009 SEP -9 PM 5:00

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

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DIVISION OF CORPORATIONS

2009 SEP -9 PM 5:00

**A. DIRECTORS**

Chairman: W. Sean Smith

Address: 2465 Bethel Road, Ste. 102

Port Orchard, WA 98366

Vice Chairman: Colleen L. Smith

Address: 2465 Bethel Road, Ste. 102

Port Orchard, WA 98366

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

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

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

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

**B. OFFICERS**

President: W. Sean Smith

Address: 2465 Bethel Road, Ste. 102

Port Orchard, WA 98366

Vice President: Colleen L. Smith

Address: 2465 Bethel Road, Ste. 102

Port Orchard, WA 98366

Secretary: Colleen L. Smith

Address: 2465 Bethel Road, Ste. 102, Port Orchard WA 98366

Treasurer: \_\_\_\_\_

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

**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. W. Sean Smith, President

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

**State of California  
Secretary of State**

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DIVISION OF CORPORATION  
2009 SEP -9 PM 5:00

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**CALIFORNIA FINANCIAL GROUP, INC.**

**FILE NUMBER:** C2058057  
**FORMATION DATE:** 10/10/1997  
**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 June 03, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State