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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

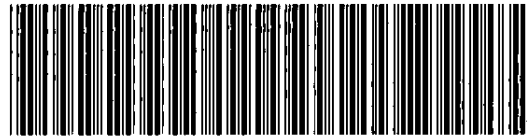
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 19 AM 11:52

W1-38081

B McKnight AUG 20 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INFUSE CAPITAL

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," or "Certificate of Good Standing" 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:

RYAN LENOCKER

Name of Person

INFUSE CAPITAL

Firm/Company

204 E EMERSON AVE,

Address

ORANGE, CA 92865

City/State and Zip code

RYAN@SOCALREOKING.COM

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

For further information concerning this matter, please call:

RYAN LENOCKER

Name of Person

at (714) 270-7355

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2010

RYAN LENOCKER
204 E EMERSON AVE
ORANGE, CA 92865

SUBJECT: INFUSE CAPITAL
Ref. Number: W10000038081

We have received your document for INFUSE CAPITAL 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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: 510A00019395

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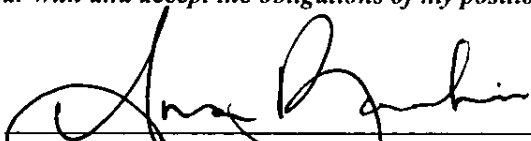
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. INFUSE CAPITAL , INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- IHL HOMELOANS
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CALIFORNIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/29/2009 5. PERPETUAL
(Date of incorporation) (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. 2001 TYLER STREET, SUITE #216. HOLLYWOOD, FLORIDA 33021
(Principal office address)
- 204 E EMERSON AVE, ORANGE, CA 92865
(Current mailing address)
8. RESIDENTIAL 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: ANNA BOOSALIS
- Office Address: 2001 TYLER STREET, SUITE #216
- HOLLYWOOD, Florida 33021
(City) (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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DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: TRACY LENOCKER

Address: 3030 SANDBAR CIRCLE, ORANGE, CA 92865

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TRACY LENOCKER

Address: 3030 SANDBAR CIRCLE, ORANGE, CA 92865

Vice President: _____

Address: _____

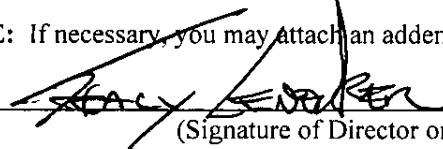
Secretary: TRACY LENOCKER

Address: 3030 SANDBAR CIRCLE, ORANGE, CA 92865

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. TRACY LENOCKER, CEO

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

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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

INFUSE CAPITAL

FILE NUMBER: C3186866
FORMATION DATE: 01/29/2009
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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DIVISION OF CORPORATIONS
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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 July 14, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State