F10000004643

(Requestor's Name)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
1				

Office Use Only



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08/31/10--01027--010 **78.75

ASSEE FLORIDA

10 OCT 19 PH 3:1

W10-46584

COVER LETTER

	New Filing Section Division of Corporations						
SUBJEC	T: Guara	antee Morto	age Cor	poration			
		Name	of corporation	on - must include suffix			
Dear Sir o	r Madam:						
"Certificat	e of Existenc		of Good Sta	r Authorization to Transa inding" and check are sub less in Florida.			
Please retu	rn all corres	pondence concerni	ng this matte	er to the following:			
	Charli	e Christ					
			Name o	f Person			
	Guaran	tee Mortgag	e Corpo	ration			
			Firm/Co	mpany			
	750 LI	ndaro Stree	t #350	San Rafael, Ca	A 94901		
			Add	ress			
	San Ra	fael, CA 94	901				
			City/State	and Zip code			
	cchris	-	-	@gmwest.com			
		E-mail address	: (to be used	for future annual report	notification)		
For further	information	concerning this m	atter, please	call:			
Charli	e Chris	t	at (415	, 226-1904			
N	ame of Perso	on	Area	226-1904 Code & Daytime Teleph	one Number		
Ne Di Cl 26	w Filing Sec vision of Co Ifton Buildin	rporations g c Center Circle	S:	MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		
Enclosed is	s a check for	the following amo	ount:				
\$70.00	Filing Fee	□ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy		



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations ON OF CORPORATIONS

September 1, 2010

CHARLIE CHRIST GUARANTEE MORTGAGE CORPORATION 750 LINDARO STREET, #350 SAN RAFAEL, CA 94901

SUBJECT: GUARANTEE MORTGAGE CORPORATION

Ref. Number: W10000041326

We have received your document for GUARANTEE MORTGAGE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 910A00020975



RECEIVED 10 OCT 19 AMII: 07

FLORIDA DEPARTMENT OF STATE ALEAHASSEE. FLORIDA Division of Corporations

October 5, 2010

CHARLIE CHRIST GUARANTEE MORTGAGE CORPORATION 750 LINDARO ST, #350 SAN RAFAEL, CA 94901

SUBJECT: GM WEST FUNDING Ref. Number: W10000046584

We have received your document for GM WEST FUNDING and your check(s) totaling \$78.75. 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.

A call was made to your office on Sept. 29th in reference to this filing. The mentioned attached sheet with officer and directors name was not enclosed.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 610A00023583

THE THINGS SHOULD BE SOLD TO THE DAY OF THE SAME OF TH

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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
GM West Funding Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
California 3. 80-0051964
State or country under the law of which it is incorporated) (FEI number, if applicable)
8/23/01 5 perpetual
8/23/01 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")
8/17/10
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
750 Lindaro Street #350 San Rafael, CA 94901
(Principal office address)
,
750 Lindaro Street #350 San Rafael, CA 94901
(Current mailing address)
Mortgage Broker
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
TEG Q
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Registered Agent Solutions, Inc.
ice Address: 155 Office Plaza Dr. Suite A
ice Address: 155 Office Plaza Dr. Suite A
Name: Registered Agent Solutions, Inc. Readistered Agent Solutions, Inc.
(City) (Zip code)
Z. Z.
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.

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.

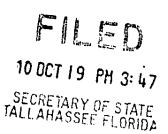
12. Names and business addresses of officers and/or directors:

FILED

A. DIRECTORS

A. DIRECTORS	10 OCT 19 PM 3: 47
Chairman: see attached	
Address:	SECRETARY OF STATE TALL AHASSEF FLORIDA
/ice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
oresident: see attached	
Address:	<u> </u>
ice President:	
Address:	
ecretary:	
ddress:	
reasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the	application listing additional officers and/or directors.
(Signature of Director or Officer list	ed in number 12 of the application)
A. Bahar Tolu/VP/COO/CFO	,
(Typed or printed name and capac	ity of person signing application)

GUARANTEE MORTGAGE CORPORATION 750 Lindaro Street Suite 350 San Rafael, CA 94901 Phone (866)612-5050 Fax (415)461-4009



PRINCIPALS:

Robert M. Siefert 1364 Grand Terrace San Rafael, CA 94901 VP/Sales & Marketing

20% Ownership

bsiefert@gmwest.com

Paula J. Ryan 286 N. Almenar Drive Greenbrae, CA 94904 President/CEO

20% Ownership

prvan@qmwest.com

Bahar Tolu 606 Mystic Lane Foster City, CA 94404 VP/COO

20% Ownership

btolu@gmwest.com

Carole A. Lombard 13 Arrowhead Lane Corte Madera, CA 94925 VP/CIO

20% Ownership

clombard@gmwest.com

Stephen J. Barber 602 Noe St. San Francisco, CA 94114

3.34 % Ownership

sbarber@gmwest.com

Dean G. Rizzi 381 Liberty San Francisco, CA 94114 3.33% Ownership

10 OCT 19 PH 3: 47

dean@driending.com SECRETARY OF STATE FALLAHASSEE FLORIDA

FILE FOR D

C. J. Kerls 101 Eastwood Drive San Francisco, CA 94112

3.33% Ownership

ci@kerls.com

Eric Fairfax 63 Elsle St. San Francisco, CA 94110 3.33% Ownership

ericfax@aol.com

Ronald R. Fiore 1724 20th St San Francisco, CA 94107

3.33% Ownership

rfiore@gmwest.com

Vince Breen 6 Wickman Place Hillsborough, CA 94010

3.34% Ownership

vbreen@gmwest.com

State of CaliforniaSecretary of State

CERTIFICATE OF STATUS

10 OCT 19 PM 3: 47
SECRETARY OF STATE
TALL AHASSEE FLORIDA

ENTITY NAME:

GUARANTEE MORTGAGE CORPORATION

FILE NUMBER:

C2274209

FORMATION DATE:

08/23/2001

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 August 13, 2010.

DEBRA BOWENSecretary of State