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(City/State/Zip/Phone #)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CRL Home Loans, 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," 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:

Andre Jones

Name of Person

CRL Home Loans, Inc.

Firm/Company

3901 S. Tacoma St.

Address

Tacoma, WA 98409

City/State and Zip code

andrej@crl1.com

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

For further information concerning this matter, please call:

Andre Jones

Name of Person

at (253) 830-2507

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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**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. CRL Home Loans, 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. Washington

(State or country under the law of which it is incorporated)

3. 27-4205253

(FEI number, if applicable)

4. 12/3/2010

(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. 3901 S. Tacoma St.

(Principal office address)

Tacoma, WA 98409

(Current mailing address)

8. Mortgage Brokering

(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: Paracorp Incorporated

Office Address: 236 East 6th Avenue

Tallahassee

(City)

, Florida 32303

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

A. DIRECTORS

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DIVISION OF CORPORATIONS

Chairman: Andre Jones

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Address: 3901 S. Tacoma St.
Tacoma, WA 98409

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Andre Jones

Address: 3901 S. Tacoma St.
Tacoma, WA 98409

Vice President: _____

Address: _____

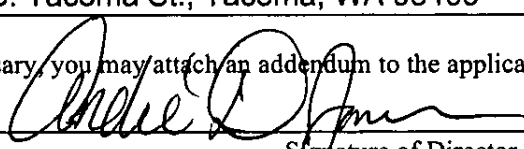
Secretary: Andre Jones

Address: 3901 S. Tacoma St.; Tacoma, WA 98409

Treasurer: Andre Jones

Address: 3901 S. Tacoma St.; Tacoma, WA 98409

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Andre Jones, President

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

STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

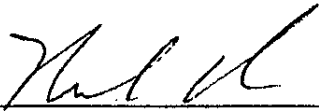
DATE: December 10, 2010

ENTITY NAME: CRL HOME LOANS, INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

CRL HOME LOANS, INC.

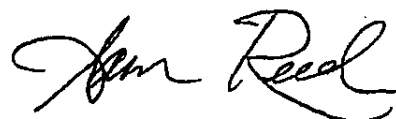
I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/3/2010.

I FURTHER CERTIFY that as of the date of this certificate, CRL HOME LOANS, INC. remains active and has complied with the filing requirements of this office.

Date: December 14, 2010

UBI: 603-068-300

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



Sam Reed, Secretary of State

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DIVISION OF CLERK
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