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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(De	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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11 FEB -8 PH 1:50
SECRETARY OF STATE
AHASSEF FIRBINA

MRD/9

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Populace Moctgage  Name of corporation - must include suffix
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:
Thomas Edward Winters Name of Person
Name of Person  Populace Mortgage  Prim/Company
122 SE 6th Avenue, #5
DelCay Beach, FLorida 33483  City/State and Zip code  Tome Perseus Properties. Com  E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Winters at (S61) 265-0900  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton 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 & Certified Copy  \$87.50 Filing Fee, Certified Copy  Certified Copy  Certified Copy

## 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.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address) (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: Office Address: 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.

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	11 FFR _ 0
Chairman: Thomas Winters	11 FEB -8 PM 1:50
Address: 777 6tl Avenue, # 108	TALLAHASSEE FLORIDA
SAN Dieso, CA 92101	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Thomas Winters	
DOD (1)	
SAN Dieso, CA 92101	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach af addendum to the application listing additional of	fficers and/or directors
13	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affi are true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817,155, F.S.	rms that the facts stated herein Department of State constitutes a
14. Thomas Winters - President  (Typed or printed name and capacity of person signing application)	201)
(13 ped of printed name and capacity of person signing applicant	лі)

## State of California Secretary of State

CERTIFICATE OF STATUS

FILED 11 FEB -8 PM 1:50 SECRETARY OF STATE TALLAHASSEE FLORIDA

ENTITY NAME:

POPULACE MORTGAGE

FILE NUMBER:

C2591003

FORMATION DATE:

07/28/2005

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 December 31, 2010.

> **DEBRA BOWEN** Secretary of State