F11000018601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Ps 5/2/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PMAC LENDING SERVICES, 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:

LAURA KAPSA
Name of Person

QUIK FILINGS, INC.
Firm/Company

1125 MITCHELL COURT
Address

CRYSTAL LAKE, IL 60014
City/State and Zip code

LKAPSA@MTGINS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA KAPSA at (847) 458-9900, EXTENSION 301
Name of Person — 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

Quik Filings, Inc.

1125 Mitchell Court
Crystal Lake, IL 60014
847-458-9900

April 19, 2011

FLORIDA SECRETARY OF STATE

RE: PMAC LENDING SERVICES, INC.

Dear Sir or Madam:

Attached hereto is the Application for Certificate of Authority for PMAC LENDING SERVICES, INC. for your review and filing along with a check in the amount of $87.50 for the filing fees.

Upon filing, please either email or eFax the evidence back to my attention and place the original in the mail.

If you have any questions please do not hesitate to contact me at (847) 458-9900.

Thank you.

Laura

Laura Kapsa
lkapsa@mtgins.com
847-594-6041 eFax

/lk

Enclosures

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. PMAC LENDING SERVICES, 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. _____
(FEI number, if applicable)

4. 07/14/1995
(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. 15325 FAIRFIELD RANCH RD SUITE 200 CHINO HILLS CA 91709
(Principal office address)

15325 FAIRFIELD RANCH RD SUITE 200 CHINO HILLS CA 91709
(Current mailing address)

8. MORTGAGE BANKING/BROKERING/SERVICING
(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: INCORP SERVICES, INC.

Office Address: 17888 67TH COURT NORTH

LOXAHATCHEE, Florida 33470
(City) (Zip code)

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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)

DAVID J. JACKSON, AIF FOR INCORP SERVICES, INC.

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:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: JONATHAN MAGILL

Address: 15325 FAIRFIELD RANCH RD SUITE 200 CHINO HILLS CA 91709

_____

Vice President: _____

Address: _____

_____

Secretary: BRAD SISCO

Address: 15325 FAIRFIELD RANCH RD SUITE 200 CHINO HILLS CA 91709

Treasurer: Steve Oh

Address: 15325 Fairfield Ranch Rd 200 Chino Hills CA 91709

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. BRAD SISCO

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

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ENTITY NAME:

PMAC LENDING SERVICES, INC.

FILE NUMBER:	C1766802
FORMATION DATE:	07/14/1995
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 April 25, 2011.

DEBRA BOWEN
Secretary of State

DMT