

F11000004138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

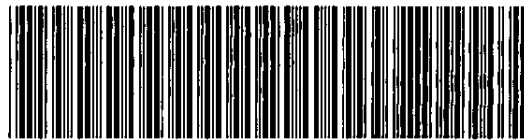
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800212225698

10/12/11--01006--005 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 12 AM 7:42

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Skyline Financial Corp.

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:

Bridget Graham

Name of Person

Skyline Financial Corp.

Firm/Company

27349 Agoura Road

Address

Calabasas, CA 91301

City/State and Zip code

BridgetGraham@SkylineHomeLoans.com

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

For further information concerning this matter, please call:

Bridget Graham

Name of Person

at (818) 995-1700

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

**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. Skyline Financial Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Skyline Home Loans

(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. 95-3990375

(FBI number, if applicable)

4. 9/5/1985

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 9/1/2011

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 27349 Agoura Road, Calabasas, CA 91301

(Principal office address)

Same as above

(Current mailing address)

8. Mortgage Banker

(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: Gary Rosenberg

Office Address: 203 Summerside Court

Apollo Beach

(City)

, Florida 33572

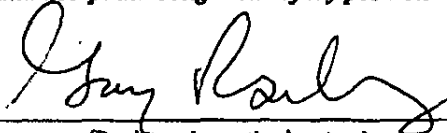
(Zip code)

11 OCT 12 AM 7:42

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

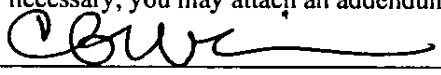
Secretary: _____

Address: _____

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

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. Christopher G. Weinstock, Chief Legal & Risk Officer,
(Typed or printed name and capacity of person signing application) Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 12 AM 7:42

OFFICERS

Chief Executive Officer: William Dallas

Address: 2717 Ladbrook Way
Lake Sherwood, CA 91361

Chief Operating Officer: Nectar Kalajian

Address: 1907 Country Lane
Pasadena, CA 91107

Chief Financial Officer: Bryan Thompson

Address: 10001 Nevada Avenue
Chatsworth, CA 91311

Chief Legal Counsel: Christopher Weinstock

Address: 3542 Avenida Montuoso
Thousand Oaks, CA 91362

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 12 AM 7:42

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SKYLINE FINANCIAL CORP.

FILE NUMBER: C1350321
FORMATION DATE: 09/05/1985
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 September 19, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 12 AM 7:42