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NATIONWIDE MORTGAGE LENDING SOLUTIONS, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Section

Division of Cor	porations			
SUBJECT:	Nationwide	Mortgage L	ending Solutio	ns, Inc.
SUBJECT:	Name of co	rporation - mu	st include suffix	
Dear Sir or Madam:				
The enclosed "Applicat "Certificate of Existenc above referenced foreig	e," or "Certificate of C	ood Standing	' and check are sub	ct Business in Florida," mitted to register the
Please return all corresp	ondence concerning th	nis matter to th	e following:	
	Stac	ie Childers	ton	
	1	Vame of Perso	n	
	Wolz Co	orporate US	iA, Inc.	
	F	irm/Company		
	36 South 1	8th Avenu	e, Suite D	
		Address		
	Brighto	n, Colorado	80601	
	Cit	y/State and Zi	p code	
	compliance	•		
	E-mail address: (to	be used for fu	ture annual report r	notification)
For further information	concerning this matter	, please call:		
Stacle Child	lerston at (303	655-9	659
Name of Perso		Area Code	& Daytime Teleph	one Number
STREET/COU New Filing Sec Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	rporations g c Center Circle		MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations
Enclosed is a check for	the following amount:			
▼ \$70.00 Filing Fee	□ \$78.75 Filing Fee Certificate of Sta		3.75 Filing Fee & tified Copy	□ \$87.50 Filing Fcc, 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.

Nationwide Mortgage Lending Solutions, Inc.

(11 0 0	ole in Florida, enter alternate cor	porate name adopt	ed for the p	urpose of transacting bus	siness in Florida)
	California	Ilfornia 3. 46-0665572 aw of which it is incorporated) (FEI number, if applicable)			
(State or country u	nder the law of which it is incorp	porated)	(1	FEI number, if applicabl	e)
				Perpetual r corp. will cease to exis	
(Date o	of incorporation)	(Du	ration: Yea	r corp. will cease to exis	t or "perpetual")
	L	Jpon registrat	ion.		
100 - 1	(Date first transact (SEE SECTIONS 607.1				
	1940 Garnet Avenu	ie, Suite 240,	San Dieg	go, CA 92109	
	(Princip	oal office address)			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	1940 Garnet Avenu	ıe, Suite 240,	San Die	go, CA 92109	
	(Curren	t mailing address)			
	Mortgage	Broker, Loar	Origina	tion	
(Purpose(s)	of corporation authorized in hor	ne state or country	to be carrie	d out in state of Florida)	运货 3
Name and street	address of Florida registered	l agent: (P.O. Bo	x NOT ac	ceptable)	LAEK MEN
Name:	Registered Agent So	•		•	N 26 MARY MASSE
fice Address:	155 Office Plaza D	r. Suite A			SECRETARY OF STATE ALLAHASSEE, FLORIDA
	Tallahasse	1e	Florida	32301	OR III
	(City)	······	, 1 101144 _	(Zip code))A
iving been name signated in this c rther agree to co	ent's acceptance: d as registered agent and to application, I hereby accept t mply with the provisions of c miliar with and accept the o	the appointment all statutes relati	as register ve to the pi	ed agent and agree to roper and complete pe	act in this capac
nes, una 1 am ja	miliar with and accept the o	buguions of my	posuion a:	r regisierea ageni.	
	(Registe	red agent's signatu		tions Inc	

under the law of which it is incorporated.

FILED

JUN 26 AM 8: 10 12. Names and business addresses of officers and/or directors: A. DIRECTORS SECRETARY OF STATE TALLAHASSEE PLORIDA Chairman: ____ Vice Chairman: Address: Collin Knock Director: 2553 Chicago Street #18, San Diego, CA 92109 Address: Jeremy Knock Director: 2553 Chicago Street #12, San Diego, CA 92109 Address: ____ B. OFFICERS Collin Knock President: 2553 Chicago Street #18, San Diego, CA 92109 Jeremy Knock Vice President: 2553 Chicago Street #12, San Diego, CA 92109 Address: NOTE: If necessary, you may attach an addendum to the supplication listing additional officers and/or directors. 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.

Collin Knock - President

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

14. _____

State of California Secretary of State

CERTIFICATE OF STATUS

FILED

13 JUN 26 AM 8: 10

SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

NATIONWIDE MORTGAGE LENDING SOLUTIONS, INC.

FILE NUMBER:

C3490895

FORMATION DATE:

07/25/2012

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 June 21, 2013.

DEBRA BOWEN
Secretary of State