F1300005162

(Requestor's Name)	
(Address)	
(Address)	
·	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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x 12/03/13

COVER LETTER

то:	New Filing Sec				
	Division of Co	-			
SUB.	_{JECT:} Mloa	n Corp.			
		Name of	corporation	n - must include suffix	
Dear	Sir or Madam:				
"Cert	ificate of Existend		f Good Sta	Authorization to Transanding" and check are sules in Florida.	
Please	return all corres	pondence concerning	g this matte	er to the following:	
Ste	ven Sheas	sbv		_	
	······································		Name of	Person	
Inte	egrity Mort	gage Licens	ing		
			Firm/Cor	npany	
235	54 Dahlia [Or			
			Addr	ess	
Tus	stin, CA 92	780			
	·- ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·	•	City/State a	and Zip code	
stev	ven@imlice				
		E-mail address: (to be used	for future annual report	notification)
For fu	rther information	concerning this mat	ter, please	call:	
Ste	ven Sheas	sby "	,714	721-3963	
	Name of Perso			Code & Daytime Teleph	none Number
	New Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g c Center Circle 2 32301		MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7
Enclo	sed is a check for	the following amoun	nt:		
5 \$7	0.00 Filing Fee	□ \$78.75 Filing I Certificate of		\$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.

	rporation; must include "INCORPORATED,	" "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")			
(If name unavailat	nle in Florida, enter alternate cornorate name	adopted for the purpose of transacting business	in Elocida)	
Delaware	•	77-0449839		
۷	nder the law of which it is incorporated)	(FEI number, if applicable)		
9/6/1996	. ,	Perpetual		
7.	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6.				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
_a 6472 Cam	den Av, Ste 206, San Jos			
1	(Principal office add			
6472 Cam	den Av, Ste 206, San Jose	, CA 95120		
	(Current mailing add	ress)		
Mortgage	Brokering			
8. Mortgage	of corporation authorized in home state or co	untry to be carried out in state of Florida)		
	•	· ·	<u>.</u>	
9. Name and street	D. Box NOT acceptable)	<u> </u>		
Name:	Paracorp Incorporated	<u>></u>	03.C	
Office Address:	236 East 6th Avenue		₹ -	Luca
	Tallahassee	Florida 32303		
	(City)	(Zip code)	بن کرد	galande Grand
10. Registered age	ent's acceptance:			
Having been name	d as registered agent and to accept serv	ice of process for the above stated corpora	-	•
_		ment as registered agent and agree to act it relative to the proper and complete perforn	-	
duties, and I am fa	miliar with and accept the obligations o	f my position as registered agent.		
 -	(Registered agent's si	gnature)		

^{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: Warren Myer Address: 6472 Camden Av, Ste 206 San Jose, CA 95120 Vice Chairman: Director: Address: **B. OFFICERS** President: Warren Myer Address: 6472 Camden Av, Ste 206 San Jose, CA 95120 Vice President: Address: Secretary: Warren Myer Address: 6472 Camden Av, Ste 206, San Jose, CA 95120 Treasurer: Warren Myer Address: 6472 Camden Av, Ste 206, San Jose, CA 95120 NOTE: If necessary, you may attach an addendum to the application 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

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

a third degree felony as provided for in s.817.155, F.S.

14. Warren Myer, President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: October 8, 2013

ENTITY NAME: Mloan Corp.

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

SEURCIANT OF SIMIE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MLOAN CORP." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MLOAN CORP."

WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

13 DEC -2 PH 3: 21

3ECKLIARY OF STATE
AHASSEE FLORING

2656368 8300

131213722

Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 0826700

DATE: 10-18-13

You may verify this certificate online at corp.delaware.gov/authver.shtml