[14 (XXXXX) 3/25

(Re	equestor'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



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: iApprove Lending, Inc	C.
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
Steven Sheasby	
Name	e of Person
Integrity Mortgage Licensing	
Firm/9	Company
1168 Dorset Ln	
Costa Mesa, CA 92626	ddress
<u> </u>	ate and Zip code
steven@imlicensing.com	•
	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Steven Sheasby 31,714	1 、721-3963
Name of Person A	721-3963 rea 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 & ☐ \$87.50 Filing Fee, Certified Copy 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.

_L iApprove	Lending, Inc.	
	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
		2 3
(If name unavailal	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Camorna	3.	. <u>33-1131003</u> ge 👙
•	nder the law of which it is incorporated)	(FEI number, if applicable)
4. 6/18/2010)5,	Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
_{7.} 555 Anton	Boulevard, #150, Costa	Mesa, CA 92626
	(Principal office add	dress)
555 Anton	Boulevard, #150, Costa M	lesa, CA 92626
_	(Current mailing add	dress)
N. 4	4	
8. Mortgage		
(Purpose(s)	of corporation authorized in home state or c	ountry to be carried out in state of Florida)
9. Name and street	address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	Paracorp Incorporated	
Office Address:	236 East 6th Avenue	
	Tallahassee	, Florida 32303
	(City)	(Zip code)
designated in this (further agree to co	ed as registered agent and to accept serv application, I hereby accept the appoint	vice of process for the above stated corporation at the place tment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my of my position as registered agent.
	See A	Hached.

(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: Xuan Nguyen Address: 555 Anton Boulevard, #150 Costa Mesa, CA 92626 Vice Chairman: Address: _____ Director: __ Address: ___ Director: __ Address: B. OFFICERS President: Xuan Nguyen Address: 555 Anton Boulevard, #150 Costa Mesa, CA 92626 Vice President: Secretary: Xuan Nguyen Address: 555 Anton Boulevard, #150, Costa Mesa, CA 92626 Treasurer: Xuan Nguyen Address: 555 Anton Boulevard, #150, Costa Mesa, CA 92626 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 a third degree felony as provided for in s.817.155, F.S. 14. Xuan Nguyen, President (Typed or printed name and capacity of person signing application)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: December 20, 2013

ENTITY NAME: iApprove Lending

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

IAPPROVE LENDING

FILE NUMBER:

C2865080

FORMATION DATE:

01/23/2006

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 January 07, 2014.

DEBRA BOWEN
Secretary of State