

Division of Corporations

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**71400002045**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

Please retain original filing  
date of submission 5/7

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY - 7 PM 1:16

RECEIVED  
14 MAY - 8 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION  
RPM MORTGAGE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	0506
Estimated Charge	\$70.00

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5/12/14

### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** RPM Mortgage, 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:

Dorothy Bossard/Natalie Wong

Name of Person

RPM Mortgage, Inc. - Attn: Compliance Department

Firm/Company

3240 Stone Valley Rd West

Address

Alamo, CA 94507

City/State and Zip code

nwong@rpm-mtg.com

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

For further information concerning this matter, please call:

Dorothy Bossard

at ( 252 ) 964-2559

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

# 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. RPM Mortgage, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. California  
(State or country under the law of which it is incorporated)
3. 26-0508430  
(FEI number, if applicable)
4. 6/19/2007  
(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. 3236 Stone Valley Rd West, Alamo, CA 94507  
(Principal office address)  
3240 Stone Valley Rd West, Alamo, CA 94507  
(Current mailing address)
8. Mortgage Lending  
(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: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

## 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.

NRAI Services, Inc.  
By: Michelle Horch, Asst. Sct.  
(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.

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DIVISION OF CORPORATIONS

14 MAY - 7 PM 1:16

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

A. DIRECTORS

Chairman: Erwin Robert Hirt  
Address: 3240 Stone Valley Rd West  
Alamo, CA 94507

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Erwin Robert Hirt  
Address: 3240 Stone Valley Rd West  
Alamo, CA 94507

Director: Tracey Hirt  
Address: 3236 Stone Valley Rd West  
Alamo, CA 94507

B. OFFICERS

President: Tracey Hirt  
Address: 3236 Stone Valley Rd West  
Alamo, CA 94507

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Tracey Hirt  
Address: 3236 Stone Valley Rd West, Alamo, CA 94507

Treasurer: Eva Noack, CFO/COO  
Address: 3240 Stone Valley Rd West, Alamo, CA 94507

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Eva Noack  
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. Eva Noack, CFO/COO  
(Typed or printed name and capacity of person signing application)

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**RPM MORTGAGE, INC.**

**FILE NUMBER: C3002915**  
**FORMATION DATE: 06/19/2007**  
**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 May 05, 2014.**

*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**