PH000004896

(F	Requestor's Name)
(/	Address)
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PICK-UP	WAIT MAIL
(E	Business Entity Name)
(Ē	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:



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COVER LETTER

TO:		Filing Section of Con	tion porations				
SUBJ	ECT:	Asse	nt Inc.				
				me of corpor	ation	- must include suffix	
Dear S	ir or M	adam:					
"Certif	icate of	Existenc	e," or "Certif		Stan	ding" and check are sub	ct Business in Florida," omitted to register the
Please	return a	all corresp	ondence con	cerning this m	natter	to the following:	
Stev	/en S	Sheas	by				
				Nam	e of I	Person	
Inte	grity	Morto	gage Lic	ensing			
	34			Firm/	Com	pany	
342	0 Bri	istol S	t, Suite	621			
				A	ddre	SS	
Cos	ta M	lesa, (CA 9262	26			
				City/Sta	ate ar	nd Zip code	<u> </u>
info@	②ass	ent12	3.com				
			E-mail add	lress: (to be u	sed f	or future annual report r	otification)
For furt	her inf	ormation	concerning th	is matter, ple	ase c	all:	
Stev	en S	Sheas	by	_{at (} 714	4	, 721-3963	
· · · · · · · · · · · · · · · · · · ·	Name	of Person	1	A	геа С	721-3963 Code & Daytime Telepho	one Number
·	New F Division Cliftor 2661 E Tallah	iling Secton of Corporation of Corporation Building Executive assee, FL	porations Center Circle 32301	,		MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fi	ction rporations
■ \$70.			the following \$78.75 F Certifica		-	\$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

Assent Ir	IC.		TO NOT THE REAL PROPERTY.
Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATION,"	WIT PH 2
f name unavaila	able in Florida, enter alternate corporate name		
California	3.	90-0749996	0,5
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	le)
07/07/	2011 5.		
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
upon	Ytgistration (Date first transacted business is	Florida, if prior to registration)	
18881 Voi	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 n Karmon, Unit #1075, Irv (Principal office add in Karmon, Unit #1075, Irvine (Current mailing add et address of Florida registered agent: (P.4 Incorp Services, Inc.	n Florida, if prior to registration) 502, F.S., to determine penalty liability) ne, CA 92612 ress) e, CA 92612 ress)	
18881 Vor Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1 IN Karmon, Unit #1075, Irv (Principal office add IN Karmon, Unit #1075, Irvine (Current mailing add et address of Florida registered agent: (P.6)	n Florida, if prior to registration) 502, F.S., to determine penalty liability) ne, CA 92612 ress) e, CA 92612 ress)	
18881 Vor	(SEE SECTIONS 607.1501 & 607.1 In Karmon, Unit #1075, Irv (Principal office add The Karmon, Unit #1075, Irvine (Current mailing add Set address of Florida registered agent: (P.4) Incorp Services, Inc.	n Florida, if prior to registration) 502, F.S., to determine penalty liability) ne, CA 92612 ress) e, CA 92612 ress)	

Heather Nee For InCorp Services, Inc.
(Registered agent's signature)

10. 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: Mahyar Kazemi Address: 18881 Von Karmon, Unit #1075 Irvine, CA 92612 Vice Chairman: ____ Director: **B. OFFICERS** President: Mahyar Kazemi Address: 18881 Von Karmon, Unit #1075 Irvine, CA 92612 Vice President: Julie Kim Address: 18881 Von Karmon, Unit #1075 Irvine, CA 92612 Secretary: Mahyar Kazemi Address: 18881 Von Karmon, Unit #1075, Irvine, CA 92612 Mahyar Kazemi 18881 Von Karmon, Unit #1075, Irvine, CA 92612 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. SIGN HERE 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 Mahyar Kazemi, President

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ASSENT INC.

FILE NUMBER:

C3395435

FORMATION DATE:

07/07/2011

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 October 03, 2014.

DEBRA BOWEN Secretary of State