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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC - 8 2015

## COVER LETTER

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

**SUBJECT:** Capital Home Loans, 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:

Steven Sheasby

Name of Person

Integrity Mortgage Licensing

Firm/Company

1168 Dorset Ln

Address

Costa Mesa, CA 92626

City/State and Zip code

rvidal@caphomeloans.net

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

For further information concerning this matter, please call:

Steven Sheasby

Name of Person

at ( 714 ) 721-3963

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. **Capital Home Loans, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **New Jersey**

(State or country under the law of which it is incorporated)

3. **47-4309625**

(FEI number, if applicable)

4. **6/18/2015**

(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. **2 Ridgedale Avenue, Suite 243, Cedar Knolls, NJ 07927**

(Principal office address)

**2 Ridgedale Avenue, Suite 243, Cedar Knolls, NJ 07927**

(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:

**Paracorp Incorporated**

Office Address:

**155 Office Plaza Drive, 1st Floor**

**Tallahassee**

(City)

, Florida

**32301**

(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.*

\_\_\_\_\_  
(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# STATE OF FLORIDA

## REGISTERED AGENT CONSENT FORM

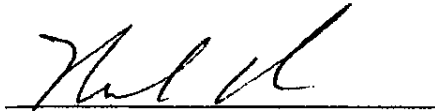
**DATE:** September 12, 2015

**ENTITY NAME:** Capital Home Loans, Inc.

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**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

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Jorge Cornielle

Address: 2 Ridgedale Avenue, Suite 243  
Cedar Knolls, NJ 07927

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Richard Vidal

Address: 2 Ridgedale Avenue, Suite 243  
Cedar Knolls, NJ 07927

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. Richard Vidal

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. Richard Vidal, President

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

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TALLAHASSEE FLORIDA

SIGNATURE

# Capital Home Loans, Inc.

## Florida Mortgage Activity

Capital Home Loans, Inc. has **never** conducted business as a mortgage broker, mortgage lender, or mortgage servicer (including loan modification activities) in Florida.

(a) Beginning and ending dates of operation without a license.

**Not Applicable – Capital Home Loans, Inc. never operated in Florida without a license.**

(b) Has the applicant ceased all business requiring licensure in Florida?

**Not Applicable - Capital Home Loans, Inc. never operated in Florida without a license.**

(c) Total number of loans originated, modified, or serviced during this period.

**Not Applicable**

(d) Total dollar amount of loans included in question (c).

**Not Applicable**

(e) Total commissions earned for loans included in question (c).

**Not Applicable**

(f) Corrective measures taken to prevent future violations of Chapter 494, Florida Statutes.

**Not Applicable**

Richard Vidal      9/12/15  
Richard Vidal, President      Date  
Capital Home Loans, Inc.

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**CAPITAL HOME LOANS, INC.**

0400757615

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 18, 2015.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Richard Vidal  
4 Red Maple Lane  
Flanders, NJ 07836*



Certification# 137724930

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
30th day of November, 2015*

A handwritten signature in black ink, reading "Ford M. Scudder".

*Ford M Scudder  
Acting State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)