

F16000002739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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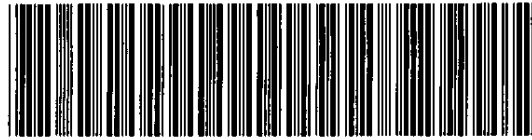
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 17 AM 8:00

06/17/16--01006--002 **70.00

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JUN 20 2016
S. YOUNG

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 6/17/16

ENTITY NAME:

Del Toro Loan Servicing, Inc.

☒
☐
☐

****PLEASE FILE THE ATTACHED AND RETURN:****

Plain Copy

Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: \$70.00

CHECK NUMBER: _____

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 17 AM 8:00

**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. Del Toro Loan Servicing, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. California 3. 20-5112749
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/07/2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
upon qualification
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2300 Boswell Road, Suite 215, Chula Vista, CA 91914
(Principal office address)
- P.O. Box 211000, Chula Vista, CA 91921
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Universal Registered Agents, Inc.
- Office Address: 3458 Lakeshore Drive
- Tallahassee, Florida 32312
(City) (Zip code)

9. 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.



Char McAdow, Assistant Secretary

(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.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 JUN 17 AM 8:00

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

A. DIRECTORS

Chairman: Andrew Louis
2300 Rosewell Road, Suite 215
Address: Chula Vista, CA 91914

Vice Chairman: Elizabeth Louis
2300 Rosewell Road, Suite 215
Address: Chula Vista, CA 91914

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Andrew Louis
2300 Rosewell Road, Suite 215
Address: Chula Vista, CA 91914

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: Elizabeth Louis
2300 Rosewell Road, Suite 215, Chula Vista, CA 91914
Address: _____

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

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Andrew Louis, President
(Typed or printed name and capacity of person signing application)

16 JUN 17 AM 8:10
RECD STATE
SECRETARY OF
TALLAHASSEE FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

DEL TORO LOAN SERVICING, INC.

FILE NUMBER: C2595657
FORMATION DATE: 06/07/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 June 14, 2016.

Alex Padilla

ALEX PADILLA
Secretary of State

16 JUN 17 AM 8:00
SECRETARY OF STATE
TALLADOSA, CALIFORNIA