

F16000003541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

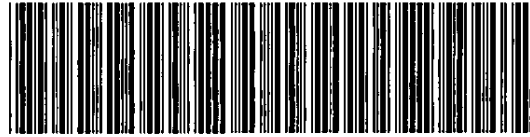
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W116-45702

Office Use Only



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2016 AUG -8 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
AUG 9



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

CHRISTOPHER ARCO
1ST NATIONWIDE MORTGAGE CORPORATION
65 ENTERPRISE
ALISO VIEJO, CA 92656

SUBJECT: 1ST NATIONWIDE MORTGAGE CORPORATION
Ref. Number: W16000045702

We have received your document for 1ST NATIONWIDE MORTGAGE CORPORATION and your check(s) totaling \$67.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00013595

RECEIVED
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TALLAHASSEE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
1st Nationwide Mortgage Corporation

SUBJECT: _____
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:
Christopher Arco

_____	Name of Person
1st Nationwide Mortgage Corporation	
_____	Firm/Company
65 Enterprise	
_____	Address
Aliso Viejo, CA 92656	
_____	City/State and Zip code
ca@1stnwm.com , info@1stnwm.com	

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

For further information concerning this matter, please call:

Christopher Arco	888	400-0433 x 313
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

1st Nationwide Mortgage Corporation

1. _____
(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)
California

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
7/12/2005

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
7/1/2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

65 Enterprise, Aliso Viejo, CA 92656

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

InCorp Services, Inc.

Name: _____

17888 67th Court North

Office Address: _____

Loxahatchee

33470

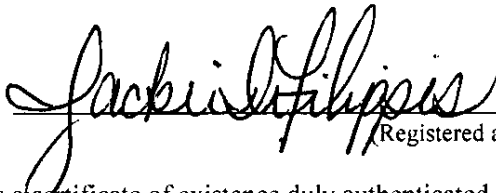
(City)

, Florida

(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.



Jackie DeFilippis on behalf of 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.

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-CLERK'S OFFICE-
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Janeese Aguirre

Director: _____

65 Enterprise, Aliso Viejo, CA 92656

Address: _____

Christopher Arco

Director: _____

65 Enterprise, Aliso Viejo, CA 92656

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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. Christopher Arco / CFO

Christopher Arco / CFO Director
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED
2016 AUG -8 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

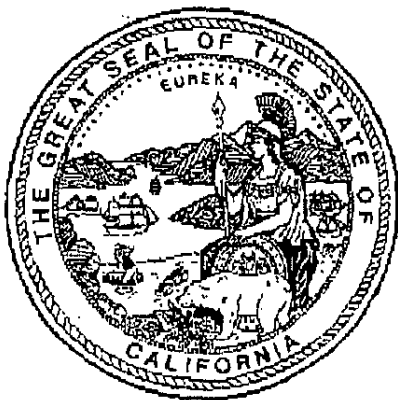
1ST NATIONWIDE MORTGAGE CORPORATION

FILE NUMBER: C2782905
FORMATION DATE: 07/12/2005
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 May 11, 2016.

Alex Padilla

ALEX PADILLA
Secretary of State