F1600005284

(Requestor's Name)
(Nequestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OR) States ZIP Hono II)
PICK-UP WAIT MAIL
(Dusings Entitudes)
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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16-NOV 29 AM II: 40

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COVER LETTER

	Filing Section				
SUBJECT:	Cstone	Mortgage	, Inc.		
Sebule 1.				- must include suffix	
Dear Sir or M	ladam:				
"Certificate of	of Existence,"		Good Stan	Authorization to Transac ding" and check are subi ss in Florida.	
Please return	all correspon	dence concerning t	his matter	to the following:	
Steven	Sheasb	y			
-			Name of	Person	
Integrity	/ Mortga	ige Licensir	ng		
			Firm/Com		
2961 W	/ Macar	thur Blvd, S	Suite 2	214	
Santa A	Ana, CA	92704	Addre	ess	
		Ci	ty/State a	nd Zip code	
steven@	imlicens				
For further in	nformation co	E-mail address: (to		or future annual report n	iotification)
Steven	Sheasb	y et (714	721-3963	
	ne of Person	<u> </u>	Area (Code & Daytime Telepho	one Number
New Divis Clift	Filing Sectio sion of Corpo on Building	rations		MAILING AI New Filing Se Division of Co P.O. Box 6327	ction orporations
	Executive Cahassee, FL 3			Tallahassee, F	L 32314
Enclosed is a	check for the	e following amount	:		
■ \$70.00 Fi	ling Fee [\$78.75 Filing Fe Certificate of S		\$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.

(If name unavaila	ble in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting bus	iness in Florida)	
California		_{3.} 26-0728895		
State or country	under the law of which it is incorporated)	(FEI number, if applicable	e)	
8/15/200	7	, Perpetual		
	of incorporation)	(Duration: Year corp. will cease to exist	t or "perpetual")	
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)		
2655 Can		450 San Diego, CA 92	108	
	(Principal office as	ddress)		
2655 Can	ino del Rio North, Suite 4	l50 San Diego, CA 92108	3	
Mortgage		country to be carried out in state of Florida)		
	t address of Florida registered agent: (1	P.O. Box NOT acceptable)	6 8	
Name and stree	t address of Florida registered agent: (I	P.O. Box NOT acceptable)	6 NO	
Name and stree	t address of Florida registered agent: (I Paracorp Incorporated 236 East 6th Avenue	P.O. Box NOT acceptable)	FILE 6 NOV 29	
Name and stree	Paracorp Incorporated		FILE 6 NOV 29	
Name and stree	Paracorp Incorporated 236 East 6th Avenue		6 NO	
Name and stree Name: fice Address: Registered appropriate and this signated in this other agree to c	Paracorp Incorporated 236 East 6th Avenue Tallahassee (City) gent's acceptance: ed as registered agent and to accept se application, I hereby accept the appoint	, Florida 32303 (Zip code) rvice of process for the above stated continent as registered agent and agree to selective to the proper and complete po	6 NOV 29 AM II: 40 rporation at the plan act in this capacity	

^{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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Erik Jorissen Address: 2655 Camino del Rio North, Suite 450 San Diego, CA 92108 Vice Chairman: Address: _____ Director: Address: **B. OFFICERS** President: Erik Jorissen Address: 2655 Camino del Rio North, Suite 450 San Diego, CA 92108 Vice President: Address: _ Address: ___ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Erik Jorissen, President

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

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: November 19, 2016

ENTITY NAME: Cstone Mortgage, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303 16 NOV 29 AN II: 40

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CSTONE MORTGAGE, INC.

FILE NUMBER:

C3021177

FORMATION DATE:

JURISDICTION:

08/15/2007

TYPE:

DOMESTIC CORPORATION

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

16 NOV 29 AM II: 40

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 September 13, 2016.

ALEX PADILLA Secretary of State