

F17000000242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

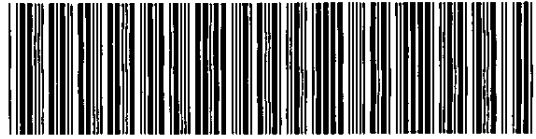
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W116-71393

Office Use Only



400290351734

10/17/16--01040--004 **87.50

FILED
17 JAN 18 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

63711



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2016

REBECCA HANSON
9789 SPRINGWOOD DR
KALAMAZOO, MI 49009

SUBJECT: MORTGAGE CAPITAL PARTNERS, INC
Ref. Number: W16000071393

We have received your document for MORTGAGE CAPITAL PARTNERS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 016A00022516

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mortgage Capital Partners, 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:
Rebecca Hanson

_____ Name of Person
Quik Filings, LLC
_____ Firm/Company
9789 Springwood Dr
_____ Address
Kalamazoo, MI 49009
_____ City/State and Zip code
rhanson@quikfilings.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Hanson	269	743-4201
_____ Name of Person	at (_____) 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.

1. Mortgage Capital Partners, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
MCP Lending Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/08/2008 5. perpetual
(Date of incorporation) (Date of duration, if other than 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. 12400 Wilshire Blvd. Suite 900 Los Angeles, CA 90025
(Principal office address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

FILED
17 JAN 18 AM 7:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Phico Olow attorney-in-fact 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.

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

A. DIRECTORS

Chairman: Carolyn W. Chang

Address: 12400 Wilshire Blvd. Suite 900 Los Angeles, CA 90025

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Carolyn W. Chang

Address: 12400 Wilshire Blvd. Suite 900 Los Angeles, CA 90025

Vice President: _____

Address: _____

Secretary: Carolyn W. Chang

Address: 12400 Wilshire Blvd. Suite 900 Los Angeles, CA 90025

Treasurer: Nathaniel Coleman

Address: 12400 Wilshire Blvd. Suite 900 Los Angeles, CA 90025

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. Carolyn W. Chang, President

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

FILED
17 JAN 18 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MORTGAGE CAPITAL PARTNERS, INC.

FILE NUMBER: C3040387
FORMATION DATE: 05/08/2008
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 August 29, 2016.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State