FIDDOODSIG

(Requestor's Name)
• • • • • • • • • • • • • • • • • • • •
•
(Address)
(0.11)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codifical Comics
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-,

Office Use Only



000295779470

02/21/17--01035--010 **70.00

FEB 2 2 2017 S. YOUNG SECRETARY OF STATE FALLAHASSEE FLORID

COVER LETTER

TO:		tration Se on of Cor	ction porations							
SUBJE	Mortgage Angel, Inc.									
SUBJE	LC1:	Name of corporation - must include suffix								
Dear Si	r or M	adam:								
"Certifi	cate of	f Existenc	ion by Foreign C re." or "Certificat on corporation to	e of Good S	tanc	ing" and check are sub	et Business in Florida," mitted to register the			
Please r Benjami			oondence conceri	ning this ma	iter i	o the following:				
	-			Name	of P	erson	<u> </u>			
Mortgag	ge Ang	el, Inc.								
				Firm/C	omp	any				
27281 L	.as Ran	nblas Suite	200				77 77 89			
				Ad	dres	S	22			
Mission	Vicjo,	CA 92691					7			
				City/Stat	e an	d Zip code				
loansear	rch@ha	otmail.com								
			E-mail addres	ss: (to be use	ed to	r future annual report i	notification)			
For furt	ther int	formation	concerning this	matter, pleas	e ca	11:				
—			949		709-8477					
	Name	e of Perso	ווי	at (Area C		Daytime Telep	hone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:						MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
		check for	\$78.75 Fili Certificate	ng Fee &		\$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.

Mortgage Ange	l, Inc.		
(Enter name of c	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	·	dopted for the purpose of transacting business in Flor 20-0106969	ida)
	_ 3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
7/2003	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
Upon Approval			
27281 Las Ramb	(SEE SECTIONS 607.1501 & 607.150 las Ste 200 Mission Viejo, CA 92691 (Principal	office address)	
	(Current mailing	address, if different)	
	et address of Florida registered agent: (P.O. Benjamin Behar	Box NOT acceptable)	17,834
Name:			Ī
ffice Address:	16850-112 Collins Ave. Suite 285		
	Sunny Isles,		ALI II. O
	(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.

(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 Benjamin Behar Chairman: 27281 Las Ramblas Address: Mission Viejo, CA 92691 Vice Chairman: Address: _ Director: _ **B. OFFICERS** Benjamin Behar President: 27281 Las Ramblas Address: Mission Viejo, CA 92691 Vice President: Address: Benjamin Behar Secretary: 27281 Las Ramblas. Mission Vicio, CA 92691 Address: _ Treasurer: NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director sighing 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. Benjamin Behar, President 13.

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

MORTGAGE ANGEL, INC.

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

C2520192

07/17/2003 DOMESTIC CORPORATION

CALIFORNIA

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 February 13, 2017.

> ALEX PADILLA Secretary of State