| (Requestor's Name)                      |                                       |  |
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| (City/State/Zip/Phone #)                |                                       |  |
| PICK-UP WAIT                            | MAIL                                  |  |
| (Business Entity Name)                  | · · · · · · · · · · · · · · · · · · · |  |
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DATE:

2/23/17

NAME:

BAY-VALLEY MORTGAGE GROUP INC

TYPE OF FILING: APPLICATION

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |  |
|--|--|--|--|--|
| Bay-Valley Mortgage Group SUBJECT:   |  |  |  |  |
| Name of corporation - must include suffix  |  |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |
| The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business | ing" and check are submitted to register the   |  |  |  |
| Please return all correspondence concerning this matter t Jina Oh  | o the following:   |  |  |  |
| Name of Po   | erson  |  |  |  |
| Bay-Valley Mortgage Group  | 9nv  |  |  |  |
| Firm/Comp 1 Centerpointe Drive, Suite 330  | 23   |  |  |  |
| Addres La Palma, CA 90623  | s # # ### ############################   |  |  |  |
| City/State and shane@pacbaylending.com   | d Zip code   |  |  |  |
| E-mail address: (to be used fo   | r future annual report notification)   |  |  |  |
| For further information concerning this matter, please ca  | di:  |  |  |  |
| Jina Oh 714  | 367-5125   |  |  |  |
| 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 & Sertified Copy Sertified Copy Certified Copy 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.

| Bay-Valley Mo  | ortgage Group, Inc.   |   |             |
|--|---|---|-------------|
| (Enter name of o   | corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION,"   |             |
| (If name unavail   | · ·   | dopted for the purpose of transacting business in Florida<br>94-3169132   | )           |
| 2  | ry under the law of which it is incorporated)                             | (FEI number, if applicable)   |             |
| · ·  | e of incorporation)   | (Date of duration, if other than perpetual)   | <del></del> |
| I Centerpointe I   | Prive, Suite 330, La Palma, CA 90623                                      | Florida, if prior to registration) 02, F.S., to determine penalty liability)  | _           |
| /  | (Princip  | al office address)  | <b></b>     |
| <del>-</del>   | (Current mailin   | g address, if different)  | 17155       |
| 8. Name and <u>stre</u><br>Name:                         | et address of Florida registered agent: (P.C<br>Paracorp Incorporated     | • •   | 23          |
| Office Address:  | 155 Office Plaza Dr, 1st Floor  |   | ඩු<br>සි    |
|  | Tallahassee   | , Florida(Zip code)   | <b>3</b> ,  |
|  | (City)  | (Zip code)  |             |
| Having been nar<br>designated in thi<br>further agree to | s application, I hereby accept the appointn                               | ce of process for the above stated corporation at the nent as registered agent and agree to act in this call elative to the proper and complete performance of my position as registered agent. | pacity. I   |
|  | SEE ATTACHED  |   |             |
| <del>-</del>   | (Repistered a   | igent'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: Vice Chairman: Jina Oh Director: 1 Centerpointe Drive, Suite 330 Address: La Palma, CA 90623 B. OFFICERS Jina Oh President: 1 Centerpointe Drive, Suite 330 Address: La Palma, CA 90623 Vice President: Address: Victoria Chi Secretary: 1 Centerpointe Drive, Suite 330, La Palma, CA 90623 Treasurer: 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 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. Jina Oh, President (Typed or printed name and capacity of person signing application)

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 2/22/2017

**ENTITY NAME:** Bay-Valley Mortgage Group, Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

ထဲ

Sharon Cooke, Assistant Secretary

Sharon Cooke

Paracorp Incorporated

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BAY-VALLEY MORTGAGE GROUP

FILE NUMBER:

C1826508

FORMATION DATE:

11/25/1992

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 December 08, 2016.

ALEX PADILLA Secretary of State