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(R	equestor's Name)
(A	ddress)
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PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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K. SALY APR - 3 2017

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: SUPEL HOME LOANS 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: Picaedo Aemado Moeries Name of Person Super Home Loans, Inc. Firm/Company 11455 5. Deange Blossom [RA] #17 Address Oelando, FC 32837. City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Picaedo A Morales at (562) 753 - 1930. 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 & □ \$78.75 Filing Fee & Certificate of Status □ \$78.75 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 SUPCE HOME LOANS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
Then, con, conp., me, con, or conp.,
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CALFOENIA. 3. 81-0840083 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Dec-11-2015 5.
(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. 7340 FIRESTONE BIVE # 216 DOWNEY, CAL 90241
(Principal office address)
(Current mailing address, if different)
· · · · · · · · · · · · · · · · · · ·
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: <u>Picalo</u> Al Morales. Office Address: 11455 S. DRANGE Blossom PRAIL 17
Name: Picalo Al Morales. Office Address: 11455 S. Deavge Blossom lead 1147 Delawdo , Florida 32837. (City) (Zip code)
Name: Picaeco A Morales Office Address: 11455 S. Deavge Blossom [PAi] 44 17 Delavdo Florida 32737. (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
Name: Picalo A Morales Office Address: 11455 S. Deavge Blossom [PAi] 11-17 Delavdo Florida 32837. (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
Name: Picaeco A Morales Office Address: 11455 S. Deavge Blossom [PAi] 44 17 Delavdo Florida 32737. (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
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Name: Picalco Al Morales. Office Address: 11455 S. Deange Blossom IRAil H. 17 Delando Florida 32837. (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

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 TEA? 1 # 17 DEANGE BLOSSON Vice Chairman: Address: Director: Address: Address: **B. OFFICERS** President: Vice President: Address: Secretary: Address: Treasurer: 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 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. RICARDO ARMANDO MORALES 13.

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SUPER HOME LOANS, INC.

FILE NUMBER:

C3849365

FORMATION DATE:

12/11/2015

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 March 28, 2017.

ALEX PADILLA Secretary of State