F17000003239

(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: APPLICATION WIN-37394					

Office Use Only



000298220950

04/28/17--01020--013 **70.00

MAY 15 PH 2: 30

S Warren MAY 1 7 2017





May 1, 2017

STEVEN SHEASBY 2961 W. MACARTHUR BLVD., SUITE 214 SANTA ANA, CA 92704

SUBJECT: APEX LENDING INC. Ref. Number: W17000037354

We have received your document for APEX LENDING INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.1503 OR 617.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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.

Stacey M Warren Regulatory Specialist II

•

Letter Number: 417A00008502

COVER LETTER

TO:	Registration Se Division of Co				
SUBJ	ECT: Apex Le	nding Inc.			
3000		Name of	corporation -	must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear S	Sir or Madam:				
"Certi	ficate of Existen		f Good Stand	ling" and check are sub	ect Business in Florida," omitted to register the
	return all corres	pondence concernin	g this matter (to the following:	
	· · · · · · · · · · · · · · · · · · ·		Name of P	erson	
Integri	ty Mortgage Licen	sing			
			Firm/Comp	any	
2961 V	V MacArthur Blvd	, Suite 214			
			Addres	s	
Santa	Ana, CA 92704				
			City/State and	d Zip code	
info@a	apexlending.com				
		E-mail address:	(to be used fo	r future annual report	notification)
For fu	rther information	concerning this ma	tter, please ca	11:	
Steven Sheasby		714	721-3963		
****	Name of Perso		Area Code	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Enclos	ed is a check for	the following amou	nt:		
5 70	0.00 Filing Fee	□ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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 unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting	g business in Florida)	
California		82-0849525 3.		
(State or countr 3/16/2017	y under the law of which it is incorporated			
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
6 Hutton Centre 1	Orive, Suite 160, Santa Ana, CA 92707 (Pr	rincipal office address)		
	(Current n	nailing address, if different)	TO 3	
			70	
Name and stree	et address of Florida registered agent: Paracorp Incorporated	(P.O. Box NOT acceptable)	SSEE, FI	
Name:	· -	(P.O. Box NOT acceptable)	MAY 15 PH 2: 30 CREATE OF STATE LANASSEE, FLORID	
Name:	Paracorp Incorporated	32301	5 PM 2: 30 SSEE, FLORIDA SSEE, FLORIDA	
	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee		5 PM 2: 30 SSEE, FLORIDA SSEE, FLORIDA	
Name: ffice Address: Registered age aving been namesignated in this	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor	, Florida 32301 (Zip code) service of process for the above state ointment as registered agent and agrees relative to the proper and comple	ed corporation at the ee to act in this cap ete performance of r	
Name: Office Address: Registered age laving been namesignated in this	Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee (City) ent's acceptance: ed as registered agent and to accept sapplication, I hereby accept the appointment of all statu	, Florida 32301 (Zip code) service of process for the above state ointment as registered agent and agrees relative to the proper and comple	ed corporation at the ree to act in this capa rete performance of n	

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: Tony Chang	
Address: 6 Hutton Centre Drive, Suite 160, Santa Ana, CA 92707	
Vice Chairman:	
Address: 6 Hutton Centre Drive, Suite 160, Santa Ana, CA 92707	
Director:	
Address:	
Director:	17 H
Address:	HAY 15 CALTARY LAHASSI
B. OFFICERS	PH 2:
President: Tony Chang	- R 3
6 Hutton Centre Drive, Suite 160, Santa Ana, CA 92707 Address:	· ·
Vice President:	
Address:	
Arthur Tsai Secretary:	
6 Hutton Centre Drive, Suite 160, Santa Ana, CA 92707 Address:	· · · · · · · · · · · · · · · · · · ·
Arthur Tsai Treasurer:	
6 Hutton Centre Drive, Suite 160, Santa Ana, CA 92707 Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
12	< SIGN HE
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S. Tony Chang, President	

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/15/2017

ENTITY NAME: Apex Lending 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.

Sharon Cooke, Assistant Secretary

Sugar Cook

Paracorp Incorporated

CHETARY OF STATE

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

APEX LENDING INC.

FILE NUMBER:

C4001576

FORMATION DATE:

03/16/2017

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 17, 2017.

ALEX PADILLA Secretary of State