

F17000003S46

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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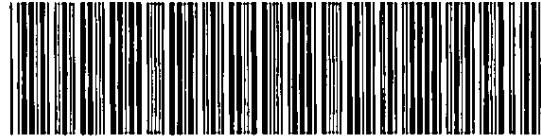
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
AUG 7 2017  
FBI - JEFFERSON

D SCOTT

AUG 8 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2017

DARREN C WOLF  
9506 4TH ST NE, SUITE 102  
LAKE STEVENS, WA 98258

SUBJECT: ALL SQUARE MORTGAGE, INC.  
Ref. Number: W17000057327

We have received your document for ALL SQUARE MORTGAGE, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 417A00014024

RECEIVED  
2017 AUG -7 PM 2:01  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
AUG 10 2017  
TALLAHASSEE, FLORIDA

**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. All Square Mortgage, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington State 3. 45-4538170  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/01/2012 5. 07/01/2017  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Not yet applicable  
(Date first transacted business in Florida, if prior to registration)  
*Section 607.1502* (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9506 4th St NE, Lake Stevens, Washington 98258  
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Corinne Elizabeth Beckham

Office Address: 202 Cessna Boulevard

Port Orange, Florida 32128  
(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**

Chairman: Darren C Wolf

Address: 8815 131st Ave NE, Lake Stevens, Washington 98258

Vice Chairman: Darren C Wolf

Address: 8815 131st Ave NE, Lake Stevens, Washington 98258

Director: Darren C Wolf

Address: 8815 131st Ave NE, Lake Stevens, Washington 98258

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Darren C Wolf

Address: 8815 131st Ave NE, Lake Stevens, Washington 98258

Vice President: Darren C Wolf

Address: 8815 131st Ave NE, Lake Stevens, Washington 98258

Secretary: Darren C Wolf

Address: 8815 131st Ave NE, Lake Stevens, Washington 98258

Treasurer: Darren C Wolf

Address: 8815 131st Ave NE, Lake Stevens, Washington 98258

**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. Darren C Wolf, President

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

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

### CERTIFICATE OF EXISTENCE OF ALL SQUARE MORTGAGE INC.

**I FURTHER CERTIFY** that the records on file in this office show that the above named entity  
was formed under the laws of the State of Washington and that its public organic record  
was filed in Washington and became effective on 4/1/2012.

**I FURTHER CERTIFY** that the entity's duration is Perpetual.  
and that as of the date of this certificate, the records of the Secretary of State  
do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest and penalties owed to this state and collected  
through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary  
of State for filing and that proceedings for administrative dissolution are not pending.

Date: July 27, 2017

UBI: 603-182-380

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

