# F17000005688

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· · · · · · · · · · · · · · · · · · ·	siness Entity Na	mo)
ua)	isiness Entity Ivai	me)
	cument Number	<del>,</del>
(50	outlette Hamber,	,
Certified Copies	Certificate	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



500305914945

11/28/17-+01006-+019 \*\*78.75

ALLA CARTERIA

W/1700095097



November 30, 2017

MIKE NORTON 2200 W ORANGEWOOD AVE, SUITE 150 ORANGE, CA 92868 US

SUBJECT: COALITION MORTGAGE CORP.

Ref. Number: W17000095093

We have received your document for COALITION MORTGAGE CORP. and your check(s) totaling \$78.75. 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 the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 717A00024187

### **COVER LETTER**

10:	Registration Se Division of Cor					
SUBJE	ECT:	COALITION Name of corpora	MOK	TGAGE	CORP	
		Name of corpora	ation - must in	clude suffix		
Dear Si	r or Madam:					
"Certifi	icate of Existenc	tion by Foreign Corporation re," or "Certificate of Good gn corporation to transact bu	Standing" and	d check are sub		
Please i	return all corres <sub>[</sub>	pondence concerning this m	atter to the fo	llowing:		
	MIK	E NORTON				
		E NORTON Name  PTA MORTGAGO	e of Person			
	),	TA MORTGAGO	E, INC.			
		Firm/	Company	•		
22	00 W. OK	ANGEWOOD AN	IE SU	ITE 150	,	
	DRANGE	CA 92868 City/Sta E-mail address: (to be us	z 			
		City/Sta	ate and Zip co	de		
	MIKE	NO ESSEXMOR	TGAGE.	20m		
		E-mail address: (to be u	sed for future	annual report r	notification)	
For furt	ther information	concerning this matter, plea	ase call:			
MI	KE No.	<i>RT0N</i> at ( <u>7/</u>	4 ) <u>935</u>	5·25f/ 1	KT 30/	
	Name of Perso	n Area	Code	Daytime Telepl	hone Number	
Enclose	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		
□ \$70.	.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Certifie	Filing Fee & d Copy	S87.50 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. COALITION MORTGAGE CORP.

(Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter afternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. \[ \int Z - 3353/30 \]
(FEI number, if applicable) 4. 11-9-17 5. PERFETUAL
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 181 EAST 5600 SOUTH 370B MURRAY, UT S4107
(Principal office address)

SAME AS ABOVE
(Current mailing address, if different). 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PARACURP INCORPORATES Name: Office Address: 155 OFFICE PLAZA DR. 157 FLORE

TALLAHASEE , Florida 32301

(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: VIM MITCHELL.
Address: 410B POINSETTIA AVE
CORONA DEL MAR, CA 92025
Vice Chairman: DAVID CARNAHAN
Address: 671 E. ABBOTTS FORD CONRT
SANDY, UT J4070
Director:
Address:
Director
Director:
Director:
B. OFFICERS
President: DAVID CARNAHAN!
Address: 717 C. 2000 3. 570 B
MURRAY, UT 84107
Vice President:
Address:
Sceretary: Jim MITCHELL
Address: 181 E. 5600 S. 370B MURRAY, NT 84107
Treasurer:
Address:
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 DAVID CARNAHAN - PRESIDENT
(Typed or printed name and capacity of person signing application)



#### **Utah Department of Commerce**

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

12/14/2017 10592232-014212142017-3328248

## CERTIFICATE OF EXISTENCE

Registration Number:

10592232-0142

**Business Name:** 

COALITION MORTGAGE CORP.

Registered Date:

November 09, 2017

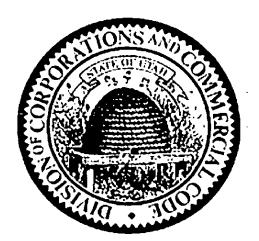
**Entity Type:** 

Corporation - Domestic - Profit

**Current Status:** 

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hathy Berg

Kathy Berg Director

Division of Corporations and Commercial Code