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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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IALLAND SEE STORINA

J. LEGGETT



December 28, 2017

STEVEN SHEASBY 2961 W MACARTHUR BLVD, SUITE 209 SANTA ANA, CA 92704 US

SUBJECT: ASPIRE HOME MORTGAGE INC

Ref. Number: W17000102115

We have received your document for ASPIRE HOME MORTGAGE 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):

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: 117A00026278

RECEIVED

### **COVER LETTER**

TO:	-	tration Section of Cor				
SUBJ	ECT:	Aspire Ho	ome Mortgage Inc			
50170	LCI.		Name	of corporation	n - must include suffix	
Dear S	Sir or M	adam:				
"Certif	ficate of	f Existence	ion by Foreign ( e," or "Certifica n corporation to	te of Good Star	Authorization to Transact Business in Florida." nding" and check are submitted to register the ess in Florida.	
Please	return a	all corresp	ondence concer	ning this matter	r to the following:	
Steven	Sheasby	i'				
				Name of	Person	
Integri	ty Mortg	gage Licens	ing			
				Firm/Com	npany	
2961 V	V MacA	rthur Blvd,	Suite 209			
				Addre	ess	
Santa A	Ana, CA	92704				
				City/State a	and Zip code	
kgordo	on@aspi	rehomemo	rtgage.com			
			E-mail addre	ss: (to be used f	for future annual report notification)	
For fur	ther inf	ormation	concerning this	matter, please c	eall:	
Steven Sheasby		714	721-3963			
	Name	of Persor	1	Area Code	e Daytime Telephone Number	
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301 Enclosed is a check for the following amo			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	ed is a c		ne following an  \$78.75 Filit Certificate	ng Fee & □	1 \$78.75 Filing Fee &	

### 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 name	adopted for the purpose of transacting	business in Florida)
New Jersey	3	81-2603567	
			licable)
(Date	of incorporation)	(Date of duration, if other than perpetual)	
7	(SEE SECTIONS 607.1501 & 607.1 ath, Suite 206, Marlton, NJ 08053	in Florida, if prior to registration) 502, F.S., to determine penalty liability pal office address)	·)
	(17 met	pai office address)	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	(Current maili	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P. Paracorp Incorporated	O. Box <u>NOT</u> acceptable)	6 PM 2:
Office Address:	155 Office Plaza Drive. 1st Floor	<del></del>	\$ 60 \$ 60 \$ 60 \$ 60 \$ 60 \$ 60 \$ 60 \$ 60
	Tallahassee	Florida	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes i amiliar with and accept the obligations o	ment as registered agent and agred relative to the proper and complete	e to act in this capaci

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  Keith Gordon	
Chairman: 501 Route 73 South, Suite 206, Marlton, NJ 08053	
Address:	
Vice Chairman:	
Address:	
	<del></del>
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: Keith Gordon  Soll Route 73 South, Suite 206, Marlton, NJ 08053  Address:	
Vice President:	
Address:	
Secretary:	
Address:	
reasurer:	
Address:	
NOTE: If necessary you may awach an addendum to the application listing additional office	rs and/or directors.
2.	SIGN HERE
Signature of Director or Officer The officer or director againg this document (and who is listed in number 11 above) affirms to the true and that he or she is aware that false information submitted in a document to the Departhird degree felony as provided for in s.817.155, F.S.	hat the facts stated herein artment of State constitutes
3. Keith Gordon, President	
(Typed or printed name and capacity of person signing application)	

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 12/3/2017

ENTITY NAME: Aspire Home Mortgage 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

Shanneare

Paracorp Incorporated

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

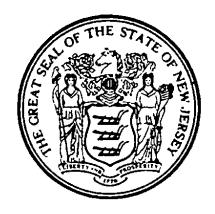
#### ASPIRE HOME MORTGAGE INC 0450075597

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 12, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KEITH GORDON
3 ANDREW WYETH WAY
MARLTON. NJ 08053



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of January, 2018

Ford M. Scudder Acting State Treasurer

Certificate Number: 6085214769

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp