## F18000000497

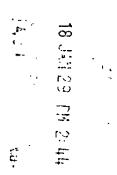
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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C CHELUNG

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FIRST OWNED HOME	CORP.
Name of corporation - must	nclude suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author: "Certificate of Existence," or "Certificate of Good Standing" a above referenced foreign corporation to transact business in Fl	nd check are submitted to register the
Please return all correspondence concerning this matter to the	l following:
MARTIN MCGEE	
Name of Person	
Name of Person	C - P P
FIRST OWNED HOME	COXI
Firm/Company	
FIRST OWNED HOME  Firm/Company  5775 LA JOLLA C	BRONA DR.
Address	
LA JOLLA CA. 920	37
City/State and Zip o	ode
CKEMOS A EMAN CO	M
GEEMCS O GMAIL.CO E-mail address: (to be used for futur	annual report notification)
For further information concerning this matter, please call:	
MARTIN MEGEE at (858) 4	59-1913
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	TallandsSce, FD 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee	Filing Fee &
-	Filing Fee & S87.50 Filing Fee, d Copy Certificate of Status &
	Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
I FIRST OWNED HOME CORPORATION
(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. CALIFORNIA (State or country under the law of which it is incorporated)  (FEI number, if applicable)
4. 3-29-94 5. (Date of incorporation) (Date of duration, if other than perpetual)
(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. 5775 LA JOLLA CORONA DR. LA JOLLA, CA. 92037 (Principal office address)
(Principal office address)
(Current mailing address, if different)
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: NEIL SCHECHT
Name: NEIL SCHECHT  Office Address: 3630 WEST KENNEDY BLVD.
TAMEA 33609
TAMPA Florida 33609 (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 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)
(Kegistered agent's signature)
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application 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 MARTIN MOGEE Chairman: \_\_\_\_ JOLLA CORONA DR., LA JOLLA, CA. 92037 Vice Chairman: Address: Director: \_\_ Address: B. OFFICERS President: MARTIN MCGEE Address: \_\_\_\_\_SAME Vice President; Secretary: MARTIN McGEE Address: SAME Treasurer: 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. 13. PRES. Martin McCee

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

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FIRST OWNED HOME CORPORATION

RECEIVED JAN 2 3 2018

FILE NUMBER:

C1871235

FORMATION DATE:

03/29/1994

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 January 18, 2018.

ALEX PADILLA
Secretary of State