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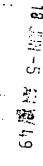
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**DATE:** 6/5/18

NAME: THE MORTGAGE CAPITAL DEVELOPMENT CORPORATION

assie Hodge

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#### COVER LETTER

_	Registration Section Division of Corporations					
SUDJECT.	The Mortg	age Capital Development Corp	oration			
SUBJECT		Name of Corporat		clude suffix		
Dear Sir or M	iadam:					
Affairs in Flo	rida", "Co	tion by Foreign Not for Profestificate of Existence", or "enced not for profit corpora	Certificate of	Status" and ch	eck are submitted to	
Please return	all corres	pondence concerning this m	atter to the fo	ollowing:		
	Mike V	anecek				
		Name o	of Person		<del> </del>	
	The Mo	rtgage Capital Development Co	orporation			
		Firm/0	Company			
	1720 Br	oadway, Floor 3			· · · · · · · · · · · · · · · · · · ·	
		Ad	ldress		· · · · · · · · · · · · · · · · · · ·	
	Oakland	l, CA 94612				
	_	City/State	and Zip Code	:	<del></del>	
	mike@tr	ncfinancing.com				
	E-n	nail address: (to be used for	future annua	l report notifica	ation)	
For further in	formation	concerning this matter, plea	ase call:			
Mike Vanacel	k	at (	(415	655-5413		
	Name	of Person	Area Code	Daytime Tel	ephone Number	
Regis Divis P.O. 1	LING AE tration Se ion of Cor Box 6327 hassee, FI	ction rporations		Registration S Division of Co Clifton Buildi	orporations ing ve Center Circle	
Enclosed is a	check for	the following amount:				
☐ \$70.00 Fil	ing Fee	Certificate of Status		Filing Fee & ed Copy	S87.50 Filing Fee, Certificate of State Certified Copy	

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unava	ilable in Florida, enter alternate corporate name adopted for	the number of transporting husiness in El	
(II hane chare	master in a tortida, enter alternate corporate maine adopted for	the purpose of transacting ousiness in Fi	orida)
California	3.		
	ntry under the law of which it is incorporated)	(FEI number, if applicable)	
11/27/1995	5		
(I	Oute of Incorporation) (I	Date of duration, if other than perpetual)	<del></del>
·			
(Date first cond	ucted affairs in Florida if prior to registration. See sections 617.	1501 & 617.1502, F.S, to determine pena.	lty liability.)
1720 Broadwa	y, Floor 3 Oakland, CA 94612		
	(Principal office address	5)	
	(Current mailing address, if di	flerent)	
	(Current mailing address, if di	ficrent)	
*0.0	•	,	
. SB.k. 5 (Purpose(s) of a	504 ( and originator via 4	RA CDC Authoris and	ion =
(Purpose(s) of c	SOU Low Originator Via 3	BA CDC Authorized out in the state of Florida)	10n = 60
(Purpose(s) of c	504 ( and originator via 4	BA CDC Authorized out in the state of Florida)	
(Purpose(s) of c	corporation authorized in home state or country to be carried the address of Florida registered agent: (P.O. Box NOT	BA CDC Authorized out in the state of Florida)	10N 00 (H21 - 5)
(Purpose(s) of a . Name and <u>stra</u> . Name:	corporation authorized in home state or country to be carried eet address of Florida registered agent: (P.O. Box NOT Paracorp Incorporated	BA CDC Authorized out in the state of Florida)	
(Purpose(s) of a . Name and <u>stra</u> . Name:	corporation authorized in home state or country to be carried the address of Florida registered agent: (P.O. Box NOT	BA CDC Authorized out in the state of Florida)	
(Purpose(s) of a . Name and <u>stra</u> . Name:	corporation authorized in home state or country to be carried eet address of Florida registered agent: (P.O. Box NOT Paracorp Incorporated	BA CDC Authorized out in the state of Florida)  [ acceptable)	Jan - 5 - 18 19
(Purpose(s) of a . Name and <u>stra</u> . Name:	corporation authorized in home state or country to be carried eet address of Florida registered agent: (P.O. Box NOT Paracorp Incorporated	BA CDC Authorized out in the state of Florida)  [ acceptable)	
. Name and <u>str</u> Name: Name: Office Address:	corporation authorized in home state or country to be carried eet address of Florida registered agent: (P.O. Box NOT Paracorp Incorporated  155 Office Plaza Drive, 1st Floor  Tallahassee , Florida (City)	BA CDC Authorized out in the state of Florida)  [acceptable]	## -5 <b># #</b> # #
Name and strangers:  Name:  Name:  Office Address:	corporation authorized in home state or country to be carried eet address of Florida registered agent: (P.O. Box NOT Paracorp Incorporated  155 Office Plaza Drive, 1st Floor  Tallahassee , Florida  (City)  agent's acceptance:	BA CDC Authorized out in the state of Florida)  [ acceptable)  32301  (Zip Code)	] [[] [] [] [] [] [] [] [] [] [] [] [] [
Name and strain Name:  Office Address:  O. Registered laving been names ignated in the arther agree to	corporation authorized in home state or country to be carried eet address of Florida registered agent: (P.O. Box NOT)  Paracorp Incorporated  155 Office Plaza Drive, 1st Floor  Tallahassee  (City)  agent's acceptance:  med as registered agent and to accept service of processis application, I hereby accept the appointment as registered with the provisions of all statutes relative to the comply with the provisions of all statutes relative to the complex complex complex controls.	Out in the state of Florida)  [ acceptable)  32301  (Zip Code)  ess for the above stated corporation esistered agent and agree to act in the the proper and complete performance.	at the place is canacity.
Name and strain Name:  Office Address:  O. Registered laving been names ignated in the arther agree to	corporation authorized in home state or country to be carried eet address of Florida registered agent: (P.O. Box NOT Paracorp Incorporated  155 Office Plaza Drive, 1st Floor  Tallahassee , Florida  (City)  agent's acceptance: med as registered agent and to accept service of processis application, I hereby accept the appointment as resistered.	Out in the state of Florida)  [ acceptable)  32301  (Zip Code)  ess for the above stated corporation esistered agent and agree to act in the the proper and complete performance.	at the place is canacity.

11. 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.

#### 12. Names and addresses of officers and/or directors

## A. DIRECTORS David Neagle Chairman: 999 5th Ave, #300 Address: San Rafael, CA 94901 Vice Chairman:\_\_\_ Address: Derek A. Groff Director: 101 2nd Street, Suite 900 San Francisco, CA 94105 Ken Johnson Director: 16 Leeward Address: Belvedere, CA 94920 **B. OFFICERS** President: CEO: Barbara Morrison 1720 Broadway Floor 3 Address: Oakland, CA 94612 Vice President:\_\_ Address: COO: Ray Monahan 1720 Broadway Floor 3 Oakland, CA 94612 CFO: Mick Vanecek Treasurer: 1720 Broadway Floor 3 Oakland, CA 94612 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Mike Vanecek, CFO

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

## The Mortgage Capital Development Corporation Directors:

Name:	Linda Lee
Address:	PO 8ox 551601
	Moss Beach, CA 94038
Name:	Dana Mandolesi
Address:	1 Market Street, Suite 300
	San Francisco, CA 94105
Name:	Mark Bueil
Address:	501 Stanyan St
	San Francisco, Ca 94117
Name:	Anthony Burney
Address:	Three Embarcadero Center, 12 <sup>th</sup> Floor
	San Francisco, CA 94111
Name:	Gail Goldman
Address:	1895 Pacific Ave
Adol ( ) 3.	San Francisco, CA 94109
	36111aliciaco, CA 34103
Name:	David Griffis
Address:	209 3 <sup>rd</sup> Street
	San Rafael, CA 94901
Name:	Neil McKinnon
Address:	665 Third Street, Ste. 450
	San Francisco, CA 94107
Name:	Barbara Morrison
Address:	1720 Broadway, 3 <sup>rd</sup> Floor
	Oakland, CA 94612
Nama	Many O'Hara Dayarayyy
Name:	Mary O'Hara Devereaux #3 Montague Place
Address:	
	San Francisco, CA 94133
Name:	Jennifer F. Raike
Address:	275 Battery St., Ste. 1500
	San Francisco, CA 94111
_	

Name:	Selma Taylor Cash
Address:	1333 Broadway #604
	Oakland, CA 94612
Name:	Scott Manivong
Address:	55 W Santa Clara St
	San Jose, CA 95113

### State of California

## Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

THE MORTGAGE CAPITAL DEVELOPMENT CORPORATION

FILE NUMBER: FORMATION DATE:

C1954814 11/27/1995

TYPE:

DOMESTIC NONPROFIT 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 06, 2018.

ALEX PADILLA Secretary of State