

# F180000004500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

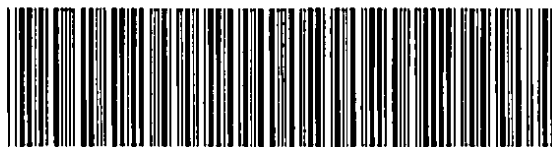
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SEP 27 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPTIONWIDE FINANCIAL CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JANICE RAMOCINSKI

Name of Person

OPTIONWIDE FINANCIAL CORPORATION

Firm/Company

489 S WRIGHTWOOD STREET

Address

ORANGE CA 92869

City/State and Zip code

janice.ramocinski@optionwidecorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANICE RAMOCINSKI

Name of Person

at ( 714 ) 920-5413

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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. OPTIONWIDE FINANCIAL CORPORATION  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. DELAWARE 3. 32-4040525  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/22/2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. NOT YET OPERATING IN FLORIDA  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502 F.S., to determine penalty liability)

7. 429 S WRIGHTWOOD STREET ORANGE CA 92869  
(Principal office address)

409 S WRIGHTWOOD STREET ORANGE CA 92869  
(Current mailing address, if different)

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

Name: PARACORP INCORPORATED

Office Address: 155 OFFICE PLAZA DRIVE 1ST FLOOR

TALLAHASSEE, 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.*



Jody Moua, Asst. Secretary

(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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: JOHN TRINH

Address: 62 WESTIN, IRVINE CA 92620

Vice Chairman: \_\_\_\_\_

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

Director: JANICE RAMOCINSKI

Address: 489 S WRIGHTWOOD STREET, ORANGE CA 92869

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

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

**B. OFFICERS**

President: JOHN TRINH

Address: 62 WESTIN, IRVINE CA 92620

Vice President: \_\_\_\_\_

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

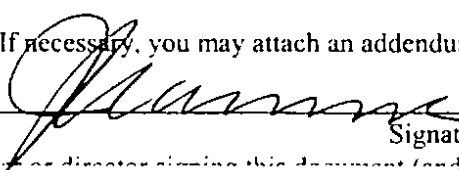
Secretary: JANICE RAMOCINSKI

Address: 489 S WRIGHTWOOD STREET, ORANGE CA 92869

Treasurer: JANICE RAMOCINSKI

Address: 489 S WRIGHTWOOD STREET, ORANGE CA 92869

**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. JANICE RAMOCINSKI, SECRETARY

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

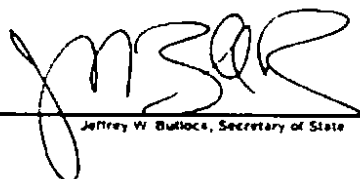
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "OPTIONWIDE FINANCIAL CORPORATION" IS  
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN  
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE  
RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER,  
A.D. 2018.

FILED  
18 SEP 25 PM 2:56  
STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

6676109 8300

SR# 20186622058

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203410814

Date: 09-14-18