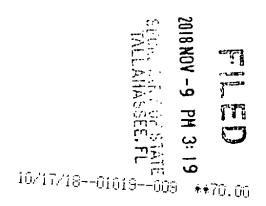
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
c6021	
w13-95021	
0165	<u>"</u> 10

Office Use Only



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S, PRATHER



October 29, 2018

DEBBIE KENT 1850 MT. DIABLO BLVD SUITE 100 WALNUT CREEK, CA 94596

SUBJECT: ALAMEDA MORTGAGE CORPORATION

Ref. Number: W18000095021

We have received your document for ALAMEDA MORTGAGE CORPORATION 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 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) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 918A00022261



925 855 7131



info@alamedamortgage.com

www.alamedamortgage.com

November 6, 2018

Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

Re: Ref. Number W18000095021

We have received your letter dated October 29, 2018 regarding our application for Certificate of Authority. I have enclosed a copy of the certificate of good standing dated no more than 90 days prior to the delivery of the application to the Department of State along with a copy of the letter from you.

If you have any questions concerning this filing, please feel free to contact me at 925.490.0623 or Debbie.Kent@alamedamortgage.com.

Sincerely,

Debbie Kent

Derni Kunt

Director of Compliance and Licensing

Encl.

COVER LETTER

TO:	Registration Section Division of Corporation	ens			
CHDI	Alameda Mortga HECT:	ge Corporation			
SUDA		Name of corporati	on - mus	t include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by ficate of Existence," or ' referenced foreign corpo	Certificate of Good St	anding"	and check are sub	
Please	return all corresponden	ce concerning this mat	ter to the	e following:	
Debbie	e Kent				
		Name o	of Person	1	
Alame	da Mortgage Corporation				
		Firm/Co	mpany		
1850 N	dt. Diablo Blvd, Suite 100				
		Ado	iress		
Walnu	t Creek, CA 94596				
		City/State	and Zip	code	
compli	iance@alamedamortgage.c		_ <u>_</u>		
	E-m	ail address: (to be used	d for fut	ure annual report	notification)
For fu	rther information concer	ning this matter, please	call:		
Debbie Kent		925	49) Daytime Telephone Number	
<u></u>	Name of Person	at (Area Co) ode	Daytime Telep	hone Number
	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ns · Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	sed is a check for the followed	owing amount:			
\$ \$70		78.75 Filing Fee & Fertificate of Status		75 Filing Fee & ified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	age Corporation	A Line
(Enter name of c "Inc.," "Co" "C	orporation; must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	
N/A		<u> </u>
lf name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florid
California		94-2229242
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
0/6/1973	of incorporation) 5.	perpetual
\/A	of incorporation)	(Date of duration, if other than perpetual)
50 Mt. Diablo	Blvd, Suite 100, Walnut Creek, CA 94596 (Princip	pal office address)
//A		
	(Current maili	ng address, if different)
		· ·
vame and stree	<u>et address</u> of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)
Name:	Paracorp Incorporated	
ce Address:	155 Office Plaza Drive, 1st Floor	
	Tallahassee	32301 , Florida

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.

see atacha	
(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. DIRE	ECTORS Ronald D. Perkins, Jr.			
Chairman:	1850 Mt. Diablo Blvd, Suite 100	(./)	20	
Address:	Walnut Creek, CA 94596		2018 NOV	7
Vice Chair	Patricia L. Karleskind rman:	AHA	9-1	
	1850 Mt. Diablo Blvd, Suite 100	288 . rej	PH	ا از از
	Walnut Creek, CA 94596	1.00 1.00	 	· Victoria
Director:	Mark F. Rafeh		· •	
	1850 Mt. Diablo Blvd, Suite 100			
	Walnut Creek, CA 94596			
Director:				
B. OFFI	Patricia L. Karleskind			
President: Address:	1850 Mt. Diablo Blvd, Suite 100			
-	Walnut Creek, CA 94596			
Vice Presi	dent:			
Address: _				
Secretary:	Patricia L. Karleskind			
-	1850 Mt. Diablo Blvd, Suite 100, Walnut Creek, CA 94596			
Treasurer:	David A. Dell			
	1850 Mt. Diablo Blvd. Suite 100. Walnut Creek, CA 94596			
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and		tors.	
are true an a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S. cia L. Karleskind, President	e facts st		

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/2/2018

ENTITY NAME: ALAMEDA MORTGAGE CORPORATION

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Taliahassee, 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.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ALAMEDA MORTGAGE CORPORATION

FILE NUMBER:

C0688783

FORMATION DATE:

09/06/1973

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 October 03, 2018.

ALEX PADILLA Secretary of State