F18000005459

(Re	questor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



300320363183

11/06/18--01017--011 **70.00

18 NOV -6 AM IO: 10
SECRETARY OF STATE
ALLAHASSLET LORIDA

NOV 3 0 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wilshire Fir	nance Partners, Inc.
Name of corporation	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
Mary Pala	
Mary Pelgr Name of	Person
Wilshire Finance	Partners Toc
Firm/Con	npany
14/00 Newport Center 1	riva Ste 250
- Addr	PCC
Newpoit Beach, (F City/State a MPE 19 rim e wilsh E-mail address: (to be used)	92660
City/State a	nd Zip code
mpelgrime wilsh	ice tp. com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
Name of Person at (310) Area Code	
Name of Person / Area Cod	e Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS.
Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	rananassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee	\$78.75 Filing Fee & □ \$87.50 Filing Fee,
Certificate of Status	Certified Copy Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of o	orporation; must include "INCORPORATED," "Corp.," "Inc," "Co," or "Corp.")		
2. (State or country)	able in Florida, enter alternate corporate name ad if for ni a. y under the law of which it is incorporated) 5. of incorporation)	24-1781040 (FEI number, if applicable)	<u> </u>
6 7 <i>1460_</i> N	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 (Principal	2, F.S., to determine penalty liability)	<u>ch, (A</u> 9266
8. Name and street Name: Office Address:	et address of Florida registered agent: (P.O.	Solutions, Inc Drive Suite A	18 NOV -6 AM ID: 10 SECRETARIASSE OF STATE AREA HASSE OF FLORIDA
aesignatea in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes rela amiliar with and accept the obligations of n (Registered age	nt as registered agent and agree to act in ative to the proper and complete perform my position as registered agent.	this canacity. I

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
Chairman:
Address:
Vice Chairman:
Address:
Director: Donald H. Pelgrim, Jr.
Address: 1400 Newport Center Ville (to 250)
Address: 1400 Newport Center Drive Str 250 Newport Brack (A Goldo
Director: Kevin De Meritt
Address: A gos 25
B. OFFICERS
Opresident: Kevin De Meritt
Address: 1990 Bundlig Drive Ste 600
Los Angeles (A 90025
Vice President:
Address:
Secretary Donald H Polarim To
Secretary: Donald H. Pelgrim, Jr. (ED and CFO 1400 Nowport Center Dr. (to 250 Nuport Buch, (A 92660) Address:
Treasurer:
A 11
NOTE: If becessary 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 \$ 817 155. F.S.
13. Donald H. Pelgrim Jr / CEO (FO and Secretary (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, REGISTER A FOREIGN CORPORATION TO		SINESS IN THE STATE OF FLORIDA.	
1. Wilshire Fin	ance F	artners Inc	
(Enter name of corporation; must include "INCO	PORATED," "	COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			
(If name unavailable in Florida, enter alternate c	orporate name ado	pted for the purpose of transacting business in Florida)	
2. <u>C'alitornia</u>	3	24-1781040 (FEI number, if applicable)	
,		(FEI number, if applicable)	
4. ///4/2008 (Date of incorporation)	5	(Date of duration, if other than perpetual)	
· -		(Date of duration, if other than perpendit)	
6. (Date first transa	cted business in Fl	orida, if prior to registration)	
	~	, F.S., to determine penalty liability)	
7. 1460 Newport Center	(Principal o	Ste 250, Newport Bach, (A)	12660
	(Current mailing a	address, if different)	
8. Name and street address of Florida registers	ed agent: (P.O. I	Box NOT acceptable)	
Δ ·		_	
Name.	OF T	Solutions, Inc Drive Swite A	
		•	
Tallahasse	<u>e</u>	_, Florida <u>3236/</u>	
(City)		(Zip code)	
9. Registered agent's acceptance:	to accept paralog	of process for the above stated corporation at the p	d-se
designated in this application, I hereby accep	t the appointmen	nt as registered agent and agree to act in this capac	ity. I
further agree to comply with the provisions of duties, and I am familiar with and accept the		itive to the proper and complete performance of my tv position as registered agent.	,
`		, ,	
Ja. Com 52		Jaclyn Wright, Asst. Secretary	
Jalyn 2	(Registered ages	<u> </u>	
 Attached is a certificate of existence duly: 	authenticated, no	it more than 90 days prior to delivery of this applicat	tion 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.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

WILSHIRE FINANCE PARTNERS, INC.

FILE NUMBER:

C3032831

FORMATION DATE:

01/14/2008

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 26, 2018.

ALEX PADILLA
Secretary of State