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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/16/20

NAME:

ANSWER HOME LOANS, INC.

TYPE OF FILING: APPLICATION

COST:

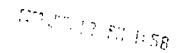
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2020

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: ANSWER HOME LOANS, INC.

Ref. Number: W20000061183

We have received your document for ANSWER HOME LOANS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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please keep original file date. Thank you!

Yvette Scott Document Specialist II

Letter Number: 620A00011923

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### **COVER LETTER**

Division of Cor				
SUBJECT:	Answe	r Home I	oans, Inc.	
SOBJECT.			ust include suffix	
Dear Sir or Madam:				
"Certificate of Existence	on by Foreign Corporation e," or "Certificate of Good a corporation to transact bu	Standing	" and check are sul	bmitted to register the
Please return all corresp	ondence concerning this ma	atter to th	e following:	JUN 16 PH 4: 19
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	Answer He	ome L <u>oar</u>	ıs, Inc.	- F - 9
	Firm/G	Company	•	<b>)&gt;</b>
	6095 Daw	der Dive	C+o 500	
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	Granite I	Bay, CA	95746	_
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	rhanlin@an E-mail address: (to be us	swerhon	eloans.com	notification)
	L-man address. (to be us	CG IOI III	ture armuar report i	ionite attory
For further information of	concerning this matter, plea	se call:		
Richard Hanlin	at (_916	)	250-3342	<del></del>
Name of Person	Area (	Code	Daytime Telep	hone Number
Registration Sec Division of Corp The Centre of To 2415 N. Monroe	orations allahassee Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	section orporations 7
Tallahassee, FL				
Enclosed is a check for the Please make check payable	he following amount: to: FLORIDA DEPARTME	ENT OF S	STATE	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78	.75 Filing Fee & tified 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.

(If name unavai	lable in Florida, enter alternate co	rporate name ade	opted for the purpose of transacting business in	Florida)
2. California		3	82-4084208	<del></del> -
(State or count	ry under the law of which it is inc	corporated)	(FEI number, if applicable)	
4. 01/04/20	18	5		<u>.</u>
(Date	e of incorporation)		(Date of duration, if other than perpetual	
6	(Date first transact	ted business in Fi	orida, if prior to registration)	
	(SEE SECTIONS 607.1	501 & 607.1502	F.S., to determine penalty liability)	6 P
7	6085 Dougl	as Blvd Ste 500 (	Granite Bay, CA 95746	里口
	•	Principal office:		بد
		` '	arect address)	5
		Current mailing a	ddress, if different)	19
8. Name and stre Name:	et address of Florida registered Paracorp Incorporated	Current mailing a	ddress, if different)	19
Name:	et address of Florida registered	Current mailing a	ddress, if different)	19
Name:	et address of Florida registered Paracorp Incorporated  155 Office Plaza Drive 1st	Current mailing a lagent: (P.O. E	ddress, if different)  fox NOT acceptable)	19
	et address of Florida registered Paracorp Incorporated	Current mailing a lagent: (P.O. E	ddress, if different)	19
Name: Office Address:  Registered age Having been nam designated in this further agree to c	Paracorp Incorporated  155 Office Plaza Drive 1st  Tallhassee (City)  ent's acceptance: aed as registered agent and to application, I hereby accept the	Current mailing a agent: (P.O. E	ddress, if different)  fox NOT acceptable)  , Florida 32301 (Zip code)  of process for the above stated corporation tas registered agent and agree to act in the live to the proper and complete performance	at the place is capacity. I
Name: Office Address:  Registered age Having been nam designated in this further agree to c	Paracorp Incorporated  155 Office Plaza Drive 1st  Tallhassee (City)  ent's acceptance: aed as registered agent and to application, I hereby accept to omply with the provisions of a with and accept the obligation.  See	Current mailing a agent: (P.O. E	ddress, if different)  fox NOT acceptable) , Florida32301	at the place is capacity. I

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	3		
□ Chairman	Name: Richard Hanlin	□Chairman	Name: <u>Daniel Maybaum</u>
☐ Vice Chairman	Address: 6085 Douglas Blvd Stc 500	□Vice Chairman	Address: 6085 Douglas Blvd Stc 500
□Director	Granite Bay, CA 95746	□Director	Granite Bay, CA
™ President		President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	Secretary	⊠Treasurer
□Other	Other	Other	□Other
□Chairman	Name:	□ Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	THE P IT
☐ Secretary	☐ Treasurer	☐ Secretary	OH reasurer.
□Other	Other	□Other	
□ Chairman	Name:	Chairman	Name:
□Viœ Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President	<del></del>	□President	
□Vice President	<del></del>	□Vice President	
☐ Secretary	□Treasurer	Secretary	Treasurer
□ Other	□ Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the Index when filing your Florida Department of State Annual Report form.

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	Richard Hanlin, President
	(Timed as related some and compains of names signing application)

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 06/16/20

**ENTITY NAME:** Answer Home Loans, Inc.

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, 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:

ANSWER HOME LOANS, INC.

FILE NUMBER:

:

FORMATION DATE:

C4095855 01/04/2018

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)



1, 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 June 09, 2020.

ALEX PADILLA Secretary of State