# F2000000 2974

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Received permission from  Mr. Morales to Ovicet Albertate  vanue. UC.

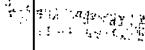


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### **COVER LETTER**

TO:		stration Section tion of Corpora							
SUBJ	ECT:	Buenaventura	Inc.						
.5020	20		Name of	corporation	- must	include suffix		-	
Dear S	Sir or M	fadam:							
"Certif	ficate c	of Existence," o		Good Stan	ding`` a	zation to Transact nd check are subn orida.			
Please	return	all correspond	ence concerning	this matter	to the I	following:			
Andres	Morale	28							
			,	Name of	Person			20	
Bueany	ventura	lnc.					3 - TE	; ;	
				Firm/Com	pany			· 至	<del></del>
17291	Irvine I	Blvd, Suite 158						, 39	
				Addre	:SS			. ⊋	$\Box$
Tustin,	. CA 92	780						ĊĊ	
				Tity/State a	nd Zip	code	. <b>مع ڈ</b> یٹ	54	
thanky	ou@an	dresmorales.con		. 1 10	··-·		-11 <del>2</del> -1		
		Ł	z-man address: (	to be used t	or illui	re annual report no	ouncatior, *		
For fu	rther in	formation con-	cerning this matt	ter, please c	all:				
Andres Morales 949 at ( )					306-	-9260		,	
	Nair	ne of Person		Area Code		Daytime Teleph	one Num	_	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						MAILING AE Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	ction rporation		
Please	make c	heck payable to:	following amour FLORIDA DEP \$78.75 Filing I Certificate of S	ARTMENT	3 \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 F Certified Certified	ite of St	

## 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.

	able in Florida, enter alternate corporate name add		
(State or countr	$\frac{3}{\text{y under the law of which it is incorporated}} 3. \frac{83}{}$	(FEI number, if applicable	*)
11/09/2018	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other than per	petual)
No business has			
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability)	
10524 Bridgeport	Way SW, Lakewood, WA 98499		
	(Principal office	street address)	
17291 Irvine Blv	d. Suite 158, Tustin, CA 92780		
	(Current mailing a	iddress, if different)	• :
	ginnann marin (Current mannig		•
			:
Name and stree	et address of Florida registered agent: (P.O. 1		;
Name and stree Name:			; ; ; ;
Name:	et address of Florida registered agent: (P.O. 1		; ; ;
Name:	et address of Florida registered agent: (P.O. 1 Mauricio Caballero 1201 Teton Dr	3ox <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. 1 Mauricio Caballero 1201 Teton Dr		) [ i
Name: Office Address: Registered ago faving been nam esignated in this arther agree to c	Mauricio Caballero  1201 Teton Dr  Kissimme  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes relative with and accept the obligations of my positive and accept the obligations of my positive and accept the obligations of my positive accept the accept the obligations of my positive accept the accept the obligations of my positive accept the ac	34744  Florida   Zip code)  of process for the above stated corpout as registered agent and agree to active to the proper and complete perform as registered agent.	riji th Finance (
Name: Office Address: Registered ago faving been nam esignated in this arther agree to c	Mauricio Caballero  1201 Teton Dr  Kissimme  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	34744  Florida   Zip code)  of process for the above stated corpout as registered agent and agree to active to the proper and complete perform as registered agent.	t in this capac

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

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

#### A. DIRECTORS Andres Morales Name: Name: \_\_\_\_\_ □Chairman □Chairman 17291 Irvine Blvd, Suite 158 □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ Tustin, CA 92780 □ Director □ Director President □President □Vice President ☐ Vice President **■** Secretary ☐ Treasurer ☐ Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other □Chairman Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_ □ Director □ Director ----□President □President □Vice President \_\_\_ □Vice President □Secretary ☐ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □ Director □Director □ President □President □Vice President \_\_\_ □Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer □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 you (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 14 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. Andres Morales

# The State of Washington

## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

#### BUENAVENTURA INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/09/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

06/24/2020

UBI Number:

604 349 733



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Tun Ulgna

Date Issued, 06/24/2020.

#### Chang, Laura D.

From: Andres Morales <thankyou@andresmorales.com>

**Sent:** Tuesday, July 7, 2020 3:12 PM

To: Chang, Laura D. Subject: Re: Corporation filing

#### EMAIL RECEIVED FROM EXTERNAL SOURCE

Hello Mrs. Chang,

The alternate name for the corporation to be American Home Loan Center Inc.

### Thank you.

On Tue, Jul 7, 2020 at 5:20 AM Chang, Laura D. < Laura. Chang@dos.myflorida.com > wrote:

Good Morning.

We are filing the business under the alternate name since Buenaventura Inc. is not available here in Florida.

I will need another copy of the application emailed to me with the suffix added to the alternate name before

It will be official.

Please send this to me as soon as possible.

Best regards,

Laura Chang

Regulatory Specialist II

Department of State

**Division of Corporations** 

Telephone: (850) 245-6051