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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CT: Family Home Lending Inc			
00001		corporation	- must include suffix	· ·
Dear Sir	or Madam:			
"Certific		Good Stand	Authorization to Transact Business in Floding" and check are submitted to register in Florida.	
Please re	eturn all correspondence concerning	this matter	to the following:	
Christop	her Cordero			
		Name of I	Person	
Family I	Iome Lending Inc			
		Firm/Com	pany	
200 Paci	fic Coast Highway - Unit #117			
		Addre	SS	
Huntingt	ton Beach, CA 92648			
	(City/State ar	nd Zip code	
admin@	familyhomelending.com			
	E-mail address: (to be used for	or future annual report notification)	2020
For further information concerning this matter, please call:				
Christop	her Cordero	949	412-7229	رحا
	Name of Person	Area Code		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	· 6: 22
Please ma	d is a check for the following amour ake check payable to: FLORIDA DEP 00 Filing Fee	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy Certified C	of Status &

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.

Family Home	Lending Inc		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name ad	onted for the number of temporaries business	
2. California	3 8	95 2521071	
(State or count 4	ry under the law of which it is incorporated)) (FEI number, if applicable)	
(Date	e of incorporation)		
7. 200 Pacific Coas	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 t Highway Unit #117, Huntington Beach, CA 926 (Principal office	, F.S., to determine penalty liability) 48	
	(Current mailing a	ddress, if different)	P427
8. Name and stree	et address of Florida registered agent: (P.O. E	lox NOT acceptable)	17
Name:	Business Filings Incorporated	_	2
Office Address:	1200 South Pine Island Road	_	**************************************
	Plantation	— Florida 33324	ဘ
	(City)	, Florida(Zip code)	<i>√</i> ડ

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.

10. Attached is a certificate of existence duly authentidated, 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.

(Registered agent's signature)

A. DIRECTORS Christopher Cordero Name: _ Name: Andy Firoved ☐ Chairman □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: 200 Pacific Coast Highway Unit #117 200 Pacific Coast Highway Unit #117 Director ■ Director Huntington Beach, CA 92648 Huntington Beach, CA 92648 □President President □ Vice President □Vice President □ Secretary ☐ Treasurer ■ Secretary Treasurer □Other ____ □Other _____ ☐Other _____ □Other _____ □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address; _____ Address: □ Vice Chairman □ Director □ Director □ President □ President □ Vice President _____ □ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other ____ Other _____ □Other _____ □Other _____ Chairman Name: _____ □ Chairman Name: _____ □ Vice Chairman Address: _____ Address: □ Vice Chairman □ Director い □ Director □ President □President □Vice President _______ □ 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. Christopher Cordero - President



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: FAMILY HOME LENDING INC

File Number: C4627230 Registration Date: 08/11/2020

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of August 31, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 September 1, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: R52X5MR

8: 22

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.