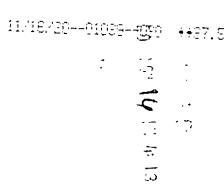
F200005/96

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200355241052



COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	Poppy PA	CE Lending, Inc.			
		Name of cor	poration -	must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existenc	ion by Foreign Corpora e," or "Certificate of G n corporation to transa	ood Stand	ing" and check are sub	et Business in Florida." mitted to register the
	return all corresp la King	oondence concerning th	is matter t	o the following:	
		1	Name of P	erson	
Poppy	Bank				
438 Fi	rst Street	F	irm/Comp	any	
Santa F	Rosa, CA 95401		Addres	S	
			v/State and	I Zip code	
aking@	Dpoppy.bank		y otate an	. zip code	
		E-mail address: (to	be used fo	r future annual report n	otification)
For fu	rther information	concerning this matter	, please ca	n:	
Mike (Cary		07	636-9097	
_	Name of Perso		rea Code	Daytime Telepl	none Number
	Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle , 32301		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection prporations
	sed is a check for 0.00 Filing Fee	the following amount: 78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified 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 unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting by	isiness in Florida)
California, USA	•	20-1904513	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10/19/2004	y under the law of which it is incorporated) 5	(FEI number, if applic	
(Date	of incorporation)	(Date of duration, if other than	n perpetual)
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
		ipal office address)	
	(Current mail	ling address, if different)	•
Name and stree	<u>t address</u> of Florida registered agent: (P	O. Box NOT acceptable)	10
Name:	C T Corporation System		·*;
ffice Address:	1200 South Pine Island Road		(.
,	Plantation,	33324 , Florida	
	(City)	(Zip code)	

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.

(Registered agent's signature)

11. Name	es and business addresses of difficers and/or diffectors.					
A. DIRE	William P. Gallaher					
	438 First Street					
-	Santa Rosa, CA 95401	_				
Vice Chair	Duane P. Sartori man:					
	438 First Street					
	Santa Rosa, CA 95401	_				
Director:	Khalid Acheckzai	_				
	438 First Street	_				
-	Santa Rosa, CA 95401	- -				
r	Ajaib Bhadare	Ī				
•	438 First Street	Ť				
-	Santa Rosa, CA 95401	_				
B. OFFI	CERS	_				
President:	Khalid Acheckzai					
	438 First Street	_				
-	Santa Rosa, CA 95401					
Vice Presi	Dan Ryan dent:					
	438 First Street					
-	Santa Rosa, CA 95401					
Secretary:	Stephen McCullagh	-				
·	438 First Street, Santa Rosa, CA 95401					
Treasurer:	N/A	_				
Address:						
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers and/or directors.					
The office are true at third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein nd that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S. Ryan, Executive Vice President-Chief Lending Officer					

(Typed or printed name and capacity of person signing application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

POPPY BANK

FILE NUMBER:

C2679526

FORMATION DATE:

10/19/2004

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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

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 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 November 06, 2020.

ALEX PADILLA Secretary of State