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(Ke	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

	on of Corporations			
SUBJECT:	Prestige Mortgage Services	Inc		
	Name	of corporation	on - must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	e of Good Sta	anding" and check are sub	
Please return :	all correspondence concert	ning this matt	er to the following:	
Ivan Jensen				
•		Name o	f Person	
Prestige Mortg	age Services Inc			
		Firn/Co	mpany	
8802 NE 5th A	ve Ste 109			
		Add	iress	
Vancouver, W.	A 98665			723
		City/State	and Zip code	ىت. مود - د
ivan@prestige				-
	E-mail addre	ss: (to be used	d for future annual report i	notification)
For further in	formation concerning this	matter, please	e call:	-,-
Ivan Jensen		360 at (606-8700	<u></u>
Nam	e of Person	Area Co	ode Daytime Telep	hone Number
Regis Divis The C 2415	EET/COURIER ADDRE tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7
	check for the following an		OT OF CULTU	
Please make ch	eck payable to: FLORIDA I ing Fee	ng Fee &	\$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.

1. Prestige Mortgag	e Services Inc		
(Enter name of co	rporation; must include "INCORPORATE rp.," "Inc.," "Co.," or "Corp.")	D," "COMPANY," "CORPORATION,"	-
Prestige Home M	longage		
(If name unavaila	ble in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting business in Florida)	_
2. Washington		3,	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	_
4	······	5. perpetual	
	of incorporation)	(Date of duration, if other than perpetual)	-
6. New registration			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
2 8802 NE 5th Ave	Ste 109, Vancouver, WA 98665	7.1502. C.S., to determine penanty habitary	
<i>t</i>		office street address)	-
same			
	(Current ma	niling address, if different)	17-3
			_ ₹
8. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)	· /2
Name:	Dina Donets		53
Office Address: 8832 Townsquare Dr S			-13 :
Office Address.	Jacksonville	32216	Ų: L2
	(City)	, Florida (Zip code)	62) 21
		(
9. Registered age		ervice of process for the above stated corporation at the	nlace
designated in this further agree to c	application, I hereby accept the appoint	intment as registered agent and agree to act in this capt es relative to the proper and complete performance of n	acity. I
	(Registered agent	5	

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.

A. DIRECTORS				
■ Chairman	Name:	□ Chairman		Jensen
□Vice Chairman	Address: 8802 NE 5th Ave Ste 109	□Vice Chairman	Address: 880	2 NE 5th Ave Ste 109
Director	Vancouver, WA 98665	□Director	Vancouver, \	VA 98665
President		□President		
□Vice President		■Vice President		
Secretary	□Treasurer	□Secretary		Treasurer
Other	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 8802 NE 5th Ave Ste 109	□Vice Chairman	Address:	
□Director	Vancouver, WA 98665	☐ Director		
□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		· · · · · · · · · · · · · · · · · · ·
□Secretary	Treasurer	☐ Secretary		☐Treasurer
Other	Other	Other		Other
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	at of State Annual Re		purposes only. Non-indexed
12.	Signature of Director or	Officer		·
she is aware that fr s.817.155, F.S.	Vector signing this document (and who is listed in number alse information submitted in a document to the Department / President	11 above) affirms the ment of State constitu	nat the facts statutes a third degr	ed herein are true and that he or ee felony as provided for in

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



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

PRESTIGE MORTGAGE SERVICES 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 09/17/2003.

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: 11/17/2020 UBI Number: 602 327 109 Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 11/17/2020

