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DATE:

7/2/2021

NAME:

FAST ACTION MORTGAGE, INC.

TYPE OF FILING: APPLICATION

COST: 87.50

RETURN: CERTIFIED COPY PLEASE 3 Good Standing please!

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Fast Action Mortgage, Inc			
	e of corporation	- must include suffix	 -
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ite of Good Stand	ling" and check are submitted to re-	in Florida." gister the
Please return all correspondence concer	ming this matter t	to the following:	
Andrew Yanni		<u> </u>	2
	Name of P	erson	1 2 2
Fast Action Mortgage, Inc.			,
	Firm/Comp	any	• ,
2700 N. Main Street, Suite 620	·	•	-3
	Addres	S	
Santa Ana, CA 92705			
	City/State and	d Zip code	 -
info@fastactionmortgage.com			
E-mail addre	ss: (to be used fo	r future annual report notification)	
For further information concerning this	matter, please ca	II:	
Andrew Yanni	_ at () 714-0599 Daytime Telephone Numbe	
Name of Person	Area Code	Daytime Telephone Numbe	r
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following am Please make check payable to: FLORIDA I \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT Ong Fee & 🔲 🤄	\$78.75 Filing Fee & \$87.50 Certified Copy Certifi	Filing Fee, cate of Status & ed 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	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting b	usiness in Florida)
California		90-1509831	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
		Perpetual	
(Date of incorporation)		(Date of duration, if other than perpetual)	
Upon registration	on		
2700 N. Main St		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	7,70
		fice street address)	* <u></u> *
	(1110)	www.	f
<u>. </u>	(Current maili	ng address, if different)	. 0
Name and <u>stree</u> Name:	Paracorp Incorporated	O. Box <u>NOT</u> acceptable)	
fice Address:	155 Office Plaza Drive, 1st Floor		
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
Fa	ent's acceptance: ed as registered agent and to accept service application. I hardly accept the appoints	ment as registered agent and agree to	act in this canacity
wing been nam signated in this ther agree to c	omply with the provisions of all statutes r with and accept the obligations of my po	estition as registered agent.	
iving been nam signated in this other agree to c	omply with the provisions of all statutes r	estition as registered agent.	

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						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 2700 N. Main Street, Suite 620	□Vice Chairman	Address:			
Director	Santa Ana, CA 92705	□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	_	54 * . 1 ²²		
□Vice President		□Vice President		3		
☐Secretary	□Treasurer	☐Sccretary		☐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		
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. 12. 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.

Andrew Yanni, President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 07/01/2021

ENTITY NAME: Fast Action Mortgage, 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



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

FAST ACTION MORTGAGE, INC.

File Number:

C3820756

Registration Date:

08/27/2015

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of June 30, 2021 (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 July 1, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: RGN2N6Z

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