## F2100005057

(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:						
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SEP 01 2021 M. SOLOMON

## **COVER LETTER**

TO:	_	tration Section ion of Corporations					
SUBJ	ECT:	ALG Mortgage Inc.	•				
., 6 1247		Name	e of corporation	- must include suffix			
Dear S	ir or M	adam:					
"Certif	īcate of	"Application by Foreign C Existence." or "Certifica ced foreign corporation to	te of Good Stan	ding" and check are sub-			
Please	return a	all correspondence concer	ning this matter	to the following:			
Arin G	regoryo	na					
** # 117			Name of	Person			
ALG M	4ortgage	: Inc.					
			Firm/Com	pany			
15260	Ventura	Blvd Ste 1200					
		•	Addre	:ss			
Sherma	an Oaks.	. CA 91403					
		. ,	City/State a	nd Zip code			
Arin@.	ALGmo	rtgage.com					
		E-mail addre	ss: (to be used f	or future annual report n	otification)		
For fur	ther inf	ormation concerning this	matter, please c	all:			
Arin Gregoryona 8			818 _ at (	459-4254			
	Name	e of Person	Area Cod	e Daytime Teleph	none Number		
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			
Please r		check for the following an eck payable to: FLORIDA I ng Fee	DEPARTMENT ing Fee &	OF STATE  ] \$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.

ALG Loan		ante adoptec	for the purpose of transacting business in Florida)		
California		3. 85-0739809			
(State or country under the law of which it is incorporated)			3(FEI number, if applicable)		
03/16/2020		5. (N/A)			
(Date of incorporation)		· · · — —	(Date of duration, if other than perpetual)		
(N/A)					
	lvd Ste 1200, Sherman Oaks, CA 91403				
		office stree	et address)		
		office stree	et address) 		
	(Principal		ss, if different)		
	(Principal				
	(Principal	ailing addre	ss, if different)		
	(Principal	ailing addre	ss, if different)  NOT acceptable)		
Name and stre	(Principal (Current m et address of Florida registered agent;	ailing addre	ss, if different)  NOT acceptable)		
Name and stre	(Principal (Current m et address of Florida registered agent: ( InCorp Services, Inc.	ailing addre	ss, if different)		

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.

Cherrell Hamilton on behalf of InCorp Services, Inc.

(Registered agent's signature)

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	Arin Gregoryona Name:	□Chairman	Name:			
□Vice Chairman	Address: 15260 Ventura Blvd Ste 1200	□Vice Chairman	Address:			
<b>■</b> Director	Sherman Oaks, CA 91403	□Director				
■President		□President				
□Vice President		□Vice President			****	
■ Secretary	Treasurer	☐ Secretary		□Treasurer		
Other		□Other		□Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President		<u>-,</u>		
□Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	□Other	<del></del>	□Other :	_	
	Name:	□Chairman			SEP-I PH	[7
	Address:	□Vice Chairman □Director	Address	35	င္ပ်ာ	<u>-</u>
□ Director		□President	<del></del>	=======================================		
□President		□ Vice President				
□ Vice President				☐Treasurer		
□ Secretary □ Other	□Treasurer □Other	□Secretary □Other		Other		
	Jse an attachment to report more than six (6). The added to the index when filing your Fiorida Depar	iment of State Annual Re	poit form.	purposes only. No		ed

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

、 Arin Gregoryona, President

s.817.155, F.S.



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

**Entity Name:** 

ALG MORTGAGE INC.

File Number:

C4578747

Registration Date:

03/16/2020

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of August 17, 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 August 18, 2021.

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

Certificate Verification Number: RMLNVMY

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2021

ARIN GREGORYONA ALG MORTGAGE INC. 15260 VENTURA BLVD STE 1200 SHERMAN OAKS, CA 91403

SUBJECT: ALG MORTGAGE INC. Ref. Number: W21000119437

We have received your document for ALG MORTGAGE INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

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Letter Number: 921A00021046