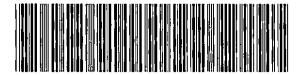
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BLUELEVEN CAPITAL CORPORATION

TYPE OF FILING: APPLICATION

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## **COVER LETTER**

TO:	_	tion Section of Corpora						
	В	•	ital Corporation	1				
SUBJ	ECT: _		Name o	f corporati	<u> </u>	nust include suffix		
			7 (41112 4)			min mondo namin		
Dear S	Sir or Mada	am:						
"Certi	ficate of E	xistence," o		of Good S	andir	g" and check are sub	ct Business in Florida," omitted to register the	
Please	return all	corresponde	nce concerni	ng this mat	ter to	the following:		
Steven	Sheasby							
<del></del>				Name o	of Per	son	_	
Integri	ty Mortgag	e Licensing						
				Firm/Co	mpai			
2973 F	larbor Blvd	l., #575			1	- <del></del>		
			<del>.</del>	Ade	iress			
Costa	Mesa, CA 9	2626		_				
-	<del></del>			City/State	and.	Zip code		
mike@	)bi Hoans.c	om ,						
		Е	mail address:	(to be use	d for	future annual report i	notification)	
For fu	rther infor	mation cond	erning this ma	atter, pleas	e call			
Steven Sheasby		714 at (	,	721-3963				
	Name o	f Person	· <del>·······</del> ···	Area C		Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				::		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a cho	eck for the f	ollowing amo	unt:				
<b>■</b> \$70	0.00 Filing	Fee 🗇	\$78.75 Filing Certificate o			78.75 Filing Fee & ertified Copy	S87.50 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.

Blueleven Capit	al Corporation				
	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIO	N."		
California	railable in Florida, enter alternate corporate name adopted for the purpose of transacting business 84-2388771				
(State or countr	y under the law of which it is incorporated) of incorporation)	(FEI number, if applicable) Perpetual			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
10 Plaza Square,	Suite 200, Orange, CA 92866 (Prince)	eipal office address)			
. Name and stree	(Current mai	iling address, if different)  2.O. Box NOT acceptable)	- 22		
Name:	Paracorp Incorporated				
office Address:	155 Office Plaza Drive, 1st Floor	<u></u>	· · · · · · · · · · · · · · · · · · ·		
	Tallahassee	. Florida	# 5 *		
	(City)	(Zip code)	AH 8: 58		
laving been nam esignated in this urther agree to c	ent's acceptance: ed as registered agent and to accept set application, I hereby accept the appoir omply with the provisions of all statute familiar with and accept the obligations	ntment as registered agent and ag s relative to the proper and compl	ryi ∞  ed corporation at the place  ree to act in this capacity  lete performance of my		
	Please see attached.				
	(Registere	d 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.

11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS  Mike Ahmari
Chairman:	10 Plaza Square, Suite 200, Orange, CA 92866
Address:	To Plaza Square, Sune 200, Orange, CA 92000
-	
Vice Chai	Jay Kister rman:
	10 Plaza Square, Suite 200, Orange, CA 92866
Director:	
Director	
Address.	
B. OFFI	ICFRS
	Mike Ahmari
	10 Plaza Square, Suite 200, Orange, CA 92866
Vice Presi	Jay Kister ident:
	10 Plaza Square, Suite 200, Orange, CA 92866
Secretary:	
Address:	
Treasurer:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	Signature of Director or Officer
	Signature of Director or Officer
The offic are true a	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S.
13. Mike	e Ahmari, CEO
	(Typed or printed name and capacity of person signing application)

### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 12/10/2021

**ENTITY NAME:** Blueleven Capital Corporation

#### 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: BLUELEVEN CAPITAL CORPORATION

File Number: C4274752 Registration Date: 05/07/2019

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of December 9, 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 December 10, 2021.

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

Certificate Verification Number: RX7PNDR

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.