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12/W/21

NAME: EMET LENDING GROUP, INC.

TYPE OF FILING: APPLICATION

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COVER LETTER

_	istration Sectionision of Corpor				
	Emet Lendin				
SUBJECT	<u></u>	Name of co	orporation	- must include suffix	
Dear Sir or l	Madam:		-		
"Certificate	of Existence,"		Good Stan	ding" and check are sul	act Business in Florida," bmitted to register the
Please return	n all correspon	lence concerning t	his matter	to the following:	
Steven Sheas	aby				
			Name of I	Person	
Integrity Mo	ntgage Licensing				
	•]	Firm/Com	pany	
2973 Harbor	Blvd., #575				
		, , , , , , , , , , , , , , , , , , , 	Addre	SS	
Costa Mesa,	CA 92626				
		Ci	ty/State an	d Zip code	
danny@emet	mortgage.com				
		E-mail address: (to	be used for	or future annual report	notification)
For further i	nformation con	cerning this matter	r, please ca	all;	
Steven Sheasby			714	721-3963	
Nan	ne of Person		Area Code	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		
Enclosed is a	check for the	following amount:			
3 \$7 0.00 Fi	iling Fee 🛛	\$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.

California (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) (Current mailing address, if different)	2021 DEC 14
(State or country under the law of which it is incorporated) (PEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2601 Saturn St. Ste. 200, Brea, CA 92821 (Principal office address) (Current mailing address, if different)	2021 DEC
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2601 Saturn St. Ste. 200, Brea, CA 92821 (Principal office address) (Current mailing address, if different)	2021 DEC
(Current mailing address, if different) (Current mailing address, if different) (Current mailing address) (Principal office address)	ZOZI DEC I LA AM
(Current mailing address, if different) (Current mailing address, if different) (Current mailing address) (Principal office address)	2021 DEC 14 AF
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	TOZI DEC 14 AM
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	2021 DEC 14 AF
——————————————————————————————————————	M 11 33
Name: Paracorp Incorporated Name: 155 Office Plaza Drive. 1st Floor	<u> </u>
office Address:	<u> </u>
Tallahassee 32301 Florida	<u>유</u> 8
(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.

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

Julie Ahn	
Chairman:	
Address:	
Sung Chung	
rice Chairman:	
2601 Saturn St. Ste. 200, Brea, CA 92821	
Director:	
ddress:	
irector:	
ldress:	
OFFICERS	
Julie Ahn	
2601 Saturn St. Ste. 200. Brea, CA 92821	
dress:	
Sung Chung	
2601 Saturn St. Ste. 200 Brea. CA 92821	
ress:	
Do Kim	
retary:	
lress:Eun Rhee	
2601 Saturn St. Ste. 200, Brea, CA 92821	
ress:	
TE: If necessary you may attach an addendum to the application listing additional officers and/or directors	3.
	SEVIER
Signature of Director or Officer	
officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated true and that he or she is aware that false information submitted in a document to the Department of State co	d herein
and that he of she is aware that have information submitted in a document to the Department of State of the degree felony as provided for in s.817.155, F.S.	,113U1U1C3
Sung Chung, Director	
(Typed or printed name and capacity of person signing application)	

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 12/13/2021

ENTITY NAME: EMET Lending Group, 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



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

Entity Name: EMET LENDING GROUP, INC.

File Number: C3765455
Registration Date: 03/13/2015

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: YJDDLNY

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>.