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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/20/21

NAME:

FIRST AMERICAN WHOLESALE LENDING CORP

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	TO: Registration Section Division of Corporations							
SUBJE	CT:	First American Wholesale Lenc	ling Corp					
Name of corporation - must include suffix								
Dear Sir	r or Ma	adam:						
"Certific	cate of	"Application by Foreign Corp "Existence," or "Certificate of red foreign corporation to tran	f Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.				
Please re	eturn a	all correspondence concerning	this matter	to the following:				
Daniel k	Choury			<u> </u>				
			Name of I	Person				
First An	nerican	Wholesale Lending Corp						
			Firm/Com	pany				
400 Top	anga C	anyon Blvd., Suite 204						
			Addre	ss				
Chatswo	orth, Cz	N 91311						
		-	City/State ar	d Zip code				
mhaddad	d@firs	tamericanwl.com						
		E-mail address: (to be used fo	or future annual report notification)				
For furt	her inf	ormation concerning this mat	ter, please ca	dl:				
Daniel I	Daniel Khoury 818 444-6120		Daytime Telephone Number					
	Name	e of Person	Area Code	Daytime Telephone Number				
	Regist Divisi The C 2415	tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	iake ch	check for the following amous eck payable to: FLORIDA DEP ng Fee	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. First American V	Wholesale Lending Corp			
(Enter name of c	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		-
(If name unavail	able in Florida, enter alternate corporate nam		ousiness in Florida)	-
2. California		3. 20-4964404		
(State or country under the law of which it is incor 4. 05/12/2006		(FEI number, if appl		
(Date of incorporation)		5. (Date of duration, if other than perpetual)		
6. 01/15/2022				
·		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	-
9400 Topanga C	anyon Blvd., Suite 204, Chatsworth, CA 913			
7.———	(Principal o	office <u>street</u> address)		-
	(Current mai	iling address, if different)	202 1741	
Name and stree 8. Name:	et address of Florida registered agent: (P Paracorp Incorporated	P.O. Box <u>NOT</u> acceptable)	1 DEC 20 CORE LAND LLAMASSE	AFE A
Office Address:	155 Office Plaza Drive, 1st Floor			TROVED TROVED
	Tallahassee	, Florida	7:21 (A)E	_
	(City)	(Zip code)	•	
Maving been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes with and accept the obligations of my p	ntment as registered agent and agree s relative to the proper and complete	to act in this capa	wity. I
_	See Attached (Registered agent's	s signature)	_	
-		s signature)	_	

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 Daniel Khoury ☐ Chairman Name: ☐ Chairman Name: __ 9400 Topanga Canvon Blvd. Address: _____ ☐ Vice Chairman Address: ☐ Vice Chairman Suite 204 ☐ Director □ Director Chatsworth, CA 91311 □ President □Vice President ☐ Vice President_____ □Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other____ □ Öther ☐Other _____ □Other .___ □ Chairman Name: _____ ☐ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □Director ☐ Director □President ☐ President □Vice President □ Vice President ______ □Treasurer □Treasurer ☐ Secretary ☐ Secretary □Other _____ ☐ Other_____ □Other_____ □]Other_____ Name: _____ □Chairman □ Chairman ☐ 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 to the attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Plorica Department of State Annual Report form. Signature of Directo 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.

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

Daniel Khoury, President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 12/17/2021

ENTITY NAME: First American Wholesale Lending Corp

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:

FIRST AMERICAN WHOLESALE LENDING CORP

File Number:

C2874552

Registration Date:

05/12/2006

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

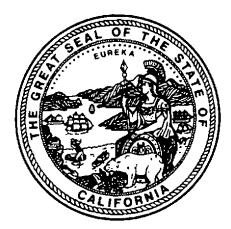
Status:

ACTIVE (GOOD STANDING)

As of November 22, 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 November 23, 2021.

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

Certificate Verification Number: R43KPWY

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