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DATE:

03/18/22

NAME: GOLDEN BEAR CAPITAL INC

TYPE OF FILING: APPLICATION

COST:

70.00

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	•		
cim	Division of Corporations GOLDEN BEAR CAPITAL INC.		
SUB	JECT: Name of corporation	n - must include suffix	
Dear	Sir or Madam:		
"Cert	enclosed "Application by Foreign Corporation for ifficate of Existence," or "Certificate of Good State referenced foreign corporation to transact busing	nding" and check are submitted to register	rida," the
	e return all correspondence concerning this matte in Sheasby	r to the following:	
	Name of	Person	
Integr	rity Mortgage Licensing		20
2973	Firm/Con	npany	22 HAR
	Addı	TESS	<u> </u>
Costa	a Mesa, CA 92626		PH .
mike(City/State a	and Zip code	
•	E-mail address: (to be used	for future annual report notification)	
For fi	irther information concerning this matter, please	call:	
Steve	en Sheasby 714	721-3963	
	Name of Person Area Coo	de Daytime Telephone Number	-
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliabassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,

Enclosed is a check for the following amount:

■ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &

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.	(Enter name of co	R CAPITAL INC. orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"		
	"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")			
	(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	rida)	
2.	Nevada	3.			
4.	(State or country 07/08/2005	y under the law of which it is incorporated) 5.	(FEI number, if applicable) Perpetual		
4.	(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.					
		(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.		anch Blvd Ste 230 San Diego, CA 92131			
		(Princi	oal office address)		
		(Current maili	ng address, if different)		
		(Curen mani	g address, if directory		
8.	Name and stree	at address of Florida registered agent: (P.6	D. Box NOT acceptable)		
	Name:	Paracorp Incorporated		2022	
Δt	ffice Address:	155 Office Plaza Drive, 1st Floor		2022 HAP 18	.•
0.	Tito Titulos.	Tallahassec	32301 , Florida		17-ea
		(City)	(Zip code)	1	. :
9.	Registered age	ent's acceptance:	·	ω ά	٠
H	aving been nam	ed as registered agent and to accept serv	ice of process for the above stated corporation	at the p	
			ment as registered agent and agree to act in this relative to the proper and complete performanc		
du	ities, and I am f	amiliar with and accept the obligations of	f my position as registered agent.		
	_	SEE ATTACHED			
		(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.

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

Chairman:	CTORS Karl David Holt			
	10650 Scripps Ranch Blvd Ste 230 San Diego, CA 92131			
_				
Vice Chair	man:			
Address:		_		
 Dimotor	Jeffery Scott Steinman			
	10650 Scripps Ranch Blvd Ste 230 San Diego, CA 92131			
B. OFFI President:	CERS Karl David Holt		2022 HAR	- Table &
	10650 Scripps Ranch Blvd Ste 230 San Diego, CA 92131		_8_	
Vice Presi	Jeffery Scott Steinman dent: 10650 Seringe Panch Plud Ste 230 Sep Diego, CA 92134		PH 5: 0	
Address:	10650 Scripps Ranch Blvd Ste 230 San Diego, CA 92131	· .		
Secretary:				
Address:				
Treasurer:				
Address:		 		
NOTE: 1	if necessary, you may attach an addendum to the application listing additional officers	and/or di	rectors.	
12	Signature of Director or Officer		<u> </u>	SERVICE
are true as a third de	er or director signing this document (and who is listed in number 11 above) affirms that not that he or she is aware that false information submitted in a document to the Depart gree felony as provided for in s.817.155, F.S.			
13. Jeffer	y Scott Steinman, Vice President (Typed or printed name and capacity of person signing application)			

GOLDEN BEAR CAPITAL INC.

Addendum

B. Officers (Continued)

MICHAEL ROBERT MCBERTY

Vice President of Operations

10650 Scripps Ranch Blvd Ste 230 San Diego, CA 92131

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

03/18/2022

ENTITY NAME:

GOLDEN BEAR CAPITAL 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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate evidence, GOLDEN BEAR CAPITAL INC., as a DOMESTIC CORPORATION (78) dily organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/08/2005, and is in good standing in this state.



Certificate Number: B202203172498557

You may verify this certificate online at http://www.nvsos.gov IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/17/2022.

> Bachara K. Cegarste BARBARA K. CEGAVSKE

Secretary of State