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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	FCT: Statewide Real Estate Inc.				
зоро		of corporation -	must include suffix	, <u>-</u>	<del></del>
Dear S	iir or Madam:				
"Certif	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Standi	ng" and check are subm		
Please	return all correspondence concerni	ng this matter to	o the following:		
Lydia .	Austin			207 5 -	
Expert	s Mortgage Licensing	Name of Po	erson	Z Han	77
		Firm/Comp	ans:	<u> </u>	3
37637	Five Mile Road	r mir comp	an y		
Livoni	a	Addres	s	3: 16	
		City/State and	l Zip code	· · · · ·	_
lydia@	expertsmortgagelicensing.com				
	E-mail address	: (to be used fo	r future annual report no	tification)	
For fu	rther information concerning this m	atter, please cal	1:		
Lydia .	Austin	734 at (	3559 <u>22</u> 4		
	Name of Person	Area Code	Daytime Telepho	one Number	
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	
Please	sed is a check for the following amomake check payable to: FLORIDA DI 0.00 Filing Fee \$78.75 Filin Certificate of	EPARTMENT ( g Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Certificate of Certified Cop	f Status &

## 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.	Statewide Real I	Estate Inc.						
		orporation: must include "INCORPORATE. orp," "Inc." "Co." or "Corp.")	D." "(	COMPANY," "CORPORAT	rion."			
	(If name unavaila	able in Florida, enter alternate corporate nan	ne ado	pted for the purpose of transa	acting busin	ess in	Florida)	
2.	2 California		3. 84	4-3818858				
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
4.	4. (Date of incorporation) 5.		5					
				(Date of duration, if other than perpetual)				
6.	•							
	12881 Knott St#	(Date first transacted business (SEE SECTIONS 607,1501 & 607 107 Garden Grove, CA 92841				202		
1.	/ ,			ice street address)				
		(Current mai	ling ac	ddress, if different)	1.3° 15.3° S	PM		
8.	. Name and stree	<u>et address</u> of Florida registered agent: (F	'.O. B	ox <u>NOT</u> acceptable)	用器	<u>ယ</u> ှ	4830	
	Name:	Cogency Global Inc.		_	:भं	6		
O	Office Address:	115 N CALHOUN ST, STE, 4		_				
		TALLAHASSEE		Florida 32301				
		(City)		(Zip code)	•			

### 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.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS Tuan Tu □ Chairman Name: □ Chairman Name: 15042 Drake Lane Address: \_\_\_\_ ☐ Vice Chairman Address: □ Vice Chairman Huntington Beach, CA □ Director □ Director 92647 President President ☐ Vice President □Vice President ☐ Treasurer □ Secretary □ Treasurer □ Secretary □Other \_\_\_\_\_ □Other\_\_\_\_\_ □ Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: □ Chairman □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_\_ □ Vice Chairman Address: □ Director □ Director ☐ President President □Vice President \_\_\_\_\_ □ Vice President ☐ Secretary Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman Name: \_\_ □Vice Chairman Address: Address: □Vice Chairman □ Director □ Director E President □ President □Vice President \_\_ ☐ Vice President □ Treasurer □ Secretary □ Secretary □Treasurer □ Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director 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.

, Tuan Nguyen Tu



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

**Entity Name:** 

STATEWIDE REAL ESTATE INC

File Number:

C4531590

Registration Date:

11/18/2019

**Entity Type:** 

DOMESTIC STOCK CORPORATION

Jurisdiction:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

As of March 14, 2022 (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 March 15, 2022.

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

Certificate Verification Number: Y86D184

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.