# 200004604

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S. FRANKLIN JUL 23 2022

### **COVER LETTER**

FO: Registration Section Division of Corporations				
SUBJECT: EFUND MORTGAGE CO	)MPANY			
	e of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign 'Certificate of Existence," or "Certification to above referenced foreign corporation to	ate of Good Standi	ng" and check are submitte		
Please return all correspondence conce	rning this matter to	the following:		
Richard Wicks				
	Name of Pe	erson		
One Rose Consulting, LLC			202	
	Firm/Compa	any	Ç	
12207 Colony Lakes Blvd			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Address	<u> </u>	<del>01</del>	
New Port Richey, FL 34654			- <del>11</del>	
	City/State and	l Zip code	<del></del>	
Penny3098@hotmail.com			26	
E-mail addre	ess: (to be used for	future annual report notific	cation)	
For further information concerning this	matter, please cal	I:		
Richard Wicks	at ( <sup>727</sup>	291-0790 ext 1004		
Name of Person	Area Code	Daytime Telephone	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corpor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA  \$70.00 Filing Fee \$78.75 Fi  Certificat	DEPARTMENT Cling Fee & : :		\$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.

المنافية المنافية

(If name unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting busing	ness in Florida)	
•	y under the law of which it is incorporated)  (FEI number, if applicable)			
(State or count	ry under the law of which it is incorporated	(FEI number, if applicable)		
01/20/2022		5.		
(Date	of incorporation)	5. (Date of duration, if other than pe	rpetual)	
		ess in Florida, if prior to registration) 97.1502, F.S., to determine penalty liability)		
24001 SE Black	Nugget Road Issaquah, WA 98029	77.1302, 1.5., to determine penalty habitity)	762	
		office street address)	7022 30-15	
		· · · · · · · · · · · · · · · · · · ·		
	(Current m	ailing address, if different)		
			T)	
Name and stre	et address of Florida registered agent:	(P.O. Box NOT acceptable)	نن	
Name:	One Rose Consulting, LLC		σ,	
ffice Address:	12207 Colony Lakes Blvd			
rice radiess.	New Port Richey	34654		
	(City)	, Florida <sup>34654</sup> (Zip code)		
D	, <del>,</del>			
	ent's acceptance: ned as registered agent and to accept s	ervice of process for the above stated corp	oration at the plo	
	application, I hereby accept the appo	intment as registered agent and agree to a les relative to the proper and complete perf	ect in this capacit	
		'AC PAIATINA IN IMA DYNDAY AMA CAMIDIAIA DAYI	APMANCA OF MUL	

<sup>10.</sup> 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	· - · · - · · · · · · · - · - · · · · ·					
□Chairman	Name: Xiangheng Peng	□ Chairman	Name:			
□Vice Chairman	Address: 24001 SE Black Nugget Road	□Vice Chairman	Address:			
□Director	Issaquah, WA 98029	□Director				
President		□President				
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·		
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	Other		□ Other		
□ Chairman	Name: Xiangheng Peng	□Chairman	Name:			
□Vice Chairman	Address: 24001 SE Black Nugget Road	□Vice Chairman	Address:			
Director	Issaquah, WA 98029	Director				
□President		☐ President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary		□Treasur <del>e</del> r		
Other	Other	Other		Other J		
				<u></u>		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:	्र या ••		
□Director		□Director		<u> </u>		
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
Other	Other	Other	<del></del>	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.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 shows) affirms that the facts stated berein are true and that he of the officer or director signing this document (and who is listed in number 11 shows) affirms that the facts stated berein are true and that he of the officer or director signing this document (and who is listed in number 11 shows) affirms that the facts stated berein are true and that he of the officer or director signing this document (and who is listed in number 11 shows) affirms that the facts stated berein are true and that he of the officer or director signing this document (and who is listed in number 11 shows) affirms that the facts stated berein are true and that he of the officer or director signing this document (and who is listed in number 11 shows) affirms that the facts stated berein are true and that he of the officer or director signing this document (and who is listed in number 11 shows).						

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.

Xiangheng Peng - President

# The State of Washington

## Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

#### EFUND MORTGAGE COMPANY

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/20/2022.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/24/2022

UBI Number: 604 866 207

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

a R Hollie

Steve R. Hobbs, Secretary of State

Date Issued: 05/24/2022