(Requestor's Name)	
(Address)	
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DATE: 08/25/22

· · · ·

NAME: PROMISE HOME LOANS, INC

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

SUBJECT: Promise Home Loans, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

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The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kirk Redding

	Name	of Person	
Promise Home Loans, Inc.			
<u> </u>	Firm/C	Company	
65 Enterprise, 3rd Floor, Suite 42	5-B		
		ldress	
Aliso Viejo, CA 92656			
	City/Sta	e and Zip code	
hello@promiseloans.com	-	·	
Ē-m	ail address: (to be us	ed for future annual rep	ort notification)
For further information concer	ning this matter, plea	se call:	
Kirk Redding	949 at (	339-1823	
Name of Person	Area (	Code Daytime Te	elephone Number
STREET/COURIER Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street	ns see	Registratio Division o P.O. Box (	of Corporations
Tallahassee, FL 32303			
Enclosed is a check for the folle Please make check payable to: FL		NT OF STATE	
	78.75 Filing Fee & ertificate of Status	□ \$78.75 Filing Fee a 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.

Promise Home Loans, Inc.

,

(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
California 3.		88-2316255	
{State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 05/09/2022	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
08/30/2022 6.			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
65 Enterprise, 3rd	I Floor, Suite 425-B. Aliso Viejo, CA 92656		
· ·	(Principal off	ice <u>street</u> address)	
	(Current mailin	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.C	). Box <u>NOT</u> acceptable)	
Name:	Registered Agent Solutions, Inc.		
Office Address:	155 Office Plaza Dr. Ste A		
	Tallahassee	, Florida	
	(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.



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.

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- A E	HREC	TORS
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Chairman	Name:	ПChainnan	Veronica Nguyen
🗇 Vice Chairman	Address:	□Vice Chairman	Address:
Director	65 Enterprise, 3rd Floor, Suite 425-B	Director	65 Enterprise, 3rd Floor, Suite 425-B
President	Aliso Viejo, CA 92656	□President	Aliso Viejo. CA 92656
□Vice President		□Vice President	
□Sccretary	Treasurer	Secretary	Treasurer
Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□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 (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. Kirk Redding

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.

Kirk Redding President

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# **Secretary of State** Certificate of Status

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

Entity Name:	Promise Home Loans, Inc.
Entity No.:	5067155
Registration Date:	05/09/2022
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all 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 date of this certificate and does not reflect documents that are pending review or other events that may impact 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 August 23, 2022.

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

#### Certificate No.: 039487844