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11/14/22

NAME: WONDER RATES, INC.

TYPE OF FILING: APPLICATION

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

	•	COVER LE	IIEK	
TO:	Registration Section Division of Corporations			
SUBJE	ECT: Wonder Rates, Inc.			
		of corporation -	must include suffix	
Dear Si	r or Madam:			
"Certifi		of Good Standi	athorization to Transact Business in ng" and check are submitted to regis in Florida.	
Please r	eturn all correspondence concern	ing this matter to	the following:	
Steven S	Sheasby			
	· - -	Name of Pe	rson	
Integrity	Mortgage Licensing			
		Firm/Compa	ıny	77.
2973 Ha	rbor Blvd., #575			
		Address		
Costa M	esa, CA 92626			
		City/State and	Zip code	<u>क्</u>
dp@wor	nderrates.com			2
	E-mail address	s: (to be used for	future annual report notification)	
For furti	her information concerning this n	natter, please call	l:	
Steven S	Sheasby	714 at ()	721-3963	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,

under the law of which it is incorporated.

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.

(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)
California	3. ry under the law of which it is incorporated)	81-3245976	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	}
06/20/2016	5.	Perpetual	
(Date	e of incorporation)	(Date of duration, if other than perp	octual)
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
321 Tully Rd #1:	25. San Jose, CA 95111		
		fice street address)	
	(Current maili	ng address, if different)	
			ي
Name and stre	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	: • •
Name:	Paracorp Incorporated		7.77 14
īce Address:	155 Office Plaza Drive, 1st Floor		
re o i real c.n	Tallahassee	32301	3 S S S S S S S S S S S S S S S S S S S
	(City)	Florida 32301 (Zip code)	2.
	(City)	(Zip code)	
	ent's acceptance:		
	sed as registered agent and to accept servi	ice of process for the above stated corpor	ation at the pla
ving been nam	application, I hereby accept the appoints	nell as registered agent and agree to act	in this capacit
ignated in this	numbly with the provisions of all statutes a		mance of my a
gnated in this her agree to c	omply with the provisions of all statutes r with and accept the obligations of my po	osition as registered agent.	
ignated in this her agree to c	comply with the provisions of all statutes r r with and accept the obligations of my po	sition as registered agent.	
ignated in this ther agree to c		sstion as registered agent.	

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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A. DIRECTORS

□ Chairman □ Vice Chairman ■ Director ■ President □ Vice President □ Secretary □ Other	San Jose, CA 95111 ☐Treasurer	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	Address:	□Treasurer			
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	□Treasurer	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Address:	☐Treasurer☐			
□Director □President □Vice President □Secretary □Other □Important Notice: individuals ma	Use an attachment to report more than six (6). The att		Address:	☐Treasurer ☐Other			
12							

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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

11/14/2022

ENTITY NAME:

Wonder Rates, 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



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

Entity Name:

WONDER RATES, INC.

Entity No.:

3919294

Registration Date:

06/20/2016

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.

CALIFORNIA CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 14, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 059561625

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.