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XPRO MORTGAGE INC.

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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	XPRO MORTGAGE INC.			
		of corporation - r	nust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co of Existence," or "Certificate leed foreign corporation to t	of Good Standin	ig" and check are subn	
Please return	all correspondence concern	ing this matter to	the following:	
JULIA LI				
		Name of Per	son	
XPRO MORT	GAGE INC.			
		Firm/Compa	ny	<u></u>
11900 NE 1st	ST #300			
		Address		
Bellevue, WA	98005			
		City/State and	Zip code	<u> </u>
julia.li@xpron				<u></u>
	E-mail addres	s: (to be used for	future annual report no	otification)
For further in	formation concerning this n	natter, please call	:	
JULIA LI		at (206	229-3684	
Nam	e of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following ameck payable to: FLORIDA Ding Fee	EPARTMENT OF Street &	F STATE 78.75 Filing Fee & Certified Copy	S87.50 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.

	lable in Florida, enter alternate corporate name a)	
WA	ry under the law of which it is incorporated)	46-1981946 	-1981946		
(State or count	ry under the law of which it is incorporated)	(FEI number, if ap	oplicable)		
01/31/2013	5.			_	
(Date of incorporation) 5		(Date of duration, if other than perpetual)			
	(Date first transacted business in	Florida, if prior to registration)		_	
	(SEE SECTIONS 607.1501 & 607.15		ity)		
11900 NE 1st S'	T #300 Bellevue, WA 98005			_	
	(Principal offic	ce <u>street</u> address)			
		10 1100		-	
	(Current maning	g address, if different)	. 2		
Name and stre	et address of Florida registered agent: (P.O	Box NOT acceptable))23 		
	Paracorp Incorporated	, 150 (150 (150 (150 (150 (150 (150 (150	2023 JAN		
Name:					
Office Address:	155 Office Plaza Drive, 1st Floor			ÜB	
	Tallahassee	. Florida	-		
	(City)	(Zip code)	28		

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.

A. DIRECTORS Julia Li . DChairman Name: □ Chairman □Vice Chairman Address: ____ □ Vice Chairman Address: 11900 NE 1st ST #300 Director □ Director Bellevue, WA 98005 ■President President □Vice President ___ ☐Vice President □ Secretary □Treasurer □Treasurer □ Secretary □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 _____ Name: □ Chairman □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □ President ☐ President □Vice President _____ ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary □Treasurer □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. Julia Li

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.

13. Julia Li - President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 1/4/2023

ENTITY NAME: XPRO MORTGAGE 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

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

CERTIFICATE OF EXISTENCE

OF

XPRO MORTGAGE INC.

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 01/31/2013.

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: 0

01/04/2023

UBI Number:

603 272 790



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

Ather R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 01/04/2023