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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

01/23/23

**NAME:** GM MORTGAGE CO., 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: GM Mortgage Co., In	c.			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Ford "Certificate of Existence," or "Cert above referenced foreign corporati	tificate of Good Stan	ding" and check are subr		
Please return all correspondence co	oncerning this matter	to the following:		
John C. Manson				
	Name of	Person	<del></del>	
GM Mortgage Co., Inc.				
	Firm/Com	pany		
30204 Caprice Court				
	Addro	:SS	<del></del>	
Temecula, Ca., 92592				
	City/State as	nd Zip code		
john@gmmortgagegroup.com				
E-mail a	address: (to be used f	or future annual report n	otification)	
For further information concerning	this matter, please c	all:		
John C. Manson	760 at (	Daytime Telephone Number		
Name of Person	Arca Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection prorations	
_	IDA DEPARTMENT	OF STATE  \$78.75 Filing Fee & Certified Copy	☐ \$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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in	Floric	da)
California					
(State or countr	y under the law of which it is incorporated)	33-0154775 (FEI number, if ap	pplicable)	-	
February 5, 198	6				
(Date of incorporation)		(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	lity)		
0204 Caprice Co	ourt, Temecula, Ca. 92592				
	(Principal offi	ce street address)			<del></del>
• · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
	(Current mailir	ng address, if different)	<u>.</u>	202	
Nama and stra	nt address of Florida revistared uponts (D.C.	) Pay NOT googlable)	; <del></del>	2023 JAH 2	
Name and <u>street address</u> of Florida registered agen  Paracorp Incorporated		). Box <u>(NO1</u> acceptable)	-	H 23	<u> </u>
Name:	aracorp meorporated				63
fice Address:	155 Office Plaza Drive, 1st Floor		· · · · · · · · · · · · · · · · · · ·	AT I	
	Tallahassee,	, Florida <sup>32301</sup>	: >	7։ է2	
	(City)	(Zip code)		10	
Dagistared ag	ent's acceptance:				
vegiziei en ag	ent's acceptance. Ted as registered agent and to accept servi	ce of process for the above state	d corporatio	n at ti	he plac
ving been nam	application, I hereby accept the appointm				
ignated in this	omply with the provisions of all statutes r	elative to the proper and comple	rte perjorma	nce oj	j my au

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

#### A. DIRECTORS John C. Manson □Chairman Name: □ Chairman Name: Address: \_\_\_ □Vice Chairman ☐ Vice Chairman Address: Temecula, Ca. 92592 □ Director **ElDirector** John C. Manson President (ElPresident ☐ Vice President [] Vice President Secretary 5 []Treasurer □ Treasurer **ElSecretary** ☐Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: Name: □Chairman □Vice Chairman Address: □ Vice Chairman Address: Director Director □President □President □Vice President □Vice President □ Secretary ☐Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_ □ Other []Other \_\_\_\_\_ Other \_\_\_\_ □ Chairman ∐Chairman Name: Name: \_\_\_\_\_\_ □ Vice Chairman Address: □IVice Chairman Address: \_\_\_\_ Director. []Director \_\_\_\_\_ □President El President □Vice President □ Vice President ☐Treasurer □Secretary □Treasurer □Secretary □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 pelled 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 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:** 1/09/2023

ENTITY NAME: GM Mortgage Co., 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: GM MORTGAGE CO., INC.

**Entity No.:** 1297397 **Registration Date:** 02/05/1986

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 January 09, 2023.

SHIRLEY N. WEBER, PH.D.

**Secretary of State** 

Certificate No.: 072079326

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.