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SICK BASE OF STATE

A. Jones

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT:	Mountain 1	West Financial, Inc.					
3020			Name o	f corporation	- must	include suffix		
Dear S	ir or M	adam:						
"Certif	icate o	f Existence		of Good Stan	ding" ar	nd check are subm	Business in Florida." hitted to register the	
Please	return	all correspo	ondence concernit	ng this matter	to the f	ollowing:		
Ð. Anr	Savago	-Davis						
		·		Name of	Person			
Mounta	ain Wes	Financial,	Inc.					
				Firm/Com	pany	•		
1255 W	. Colto	n Ave #132						
				Addre	ess			
Redlan	ds. CA	92374						
	•			City/State a	nd Zip c	code		
compli	ance@n	nwfinc.com	··				· · · · · · · · · · · · · · · · · · ·	
			E-mail address:	(to be used)	or iutur	e annual report no	outication)	
For fur	ther in	ormation o	oncerning this ma	atter, please o	all:			
Chris Tirona			909 at (712-3900				
	Nam	e of Person		Area Cod		Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				5:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please i	make ch		he following amo to: FLORIDA DE \$78.75 Filing Certificate o	PARTMENT g Fee &	3 \$78.75	ATE 5 Filing Fee & ied 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Floricalifornia 3. 33-0419992 (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1255 W. Colton Ave #132, Redlands, CA 92374 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: InCorp Services, Inc. 14358 Lakeshore Drive Tallahassee	ida)
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1255 W. Colton Ave #132, Redlands, CA 92374 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	ida)
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(Principal office <u>street</u> address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
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Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
	
Name: InCorp Services, Inc. 3458 Lakeshore Drive Tallabassers 32312	
Tice Address: 3458 Lakeshore Drive Tallabassers 32312	
Tallahasson 32312	·
Florida , Florida	FILED 2023 MAY -3 PM SECRETARY OF TALLAHASSEELF
Tallahassee , Florida 32312	. 0
Registered agent's acceptance:	
aving been named as registered agent and to accept service of process for the above stated corporation as	-
signated in this application, I hereby accept the appointment as registered agent and agree to actin this continued in this application.	
rther agree to comply with the provisions of all statutes relative to the proper and complete performance o	of my duti
d I am familiar with and accept the obligations of my position as registered agent.	
facky (10046) Jackie DeFilippis on behalf of InCorp Se	ervices
- Tugte	S. 7.000,
(Régistered agent's signature)	

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	•								
Chairman	Name:	□Chairman	Name: Michael W. Douglas 1255 W. Colton Ave #132 Address: Redlands, CA 92374						
□Vice Chairman	Address: 1255 W. Colton Ave #132	□Vice Chairman							
□Director	Redlands, CA 92374	□Director							
President		□President							
□Vice President		□Vice President							
☐ Secretary	□Treasurer	Secretary	□Tre	asurer					
Other	□Other	Other Board Me	mber 🖂 Otl	ner					
□Chairman □Vice Chairman □Director	Michael W. Delehanty Name:	□Chairman □Vice Chairman □Director	Name: Ben Holloway Name: 1255 W. Colton Ave #132 Address: Redlands, CA 92374						
□President		7							
□Vice President		□Vice President		— v is hid his					
□ Secretary □ CEO □ Other	☐ Treasurer	Secretary Executive	- VD	Board Member					
□Chairman	Laura Martell Name:	□ Chairman	D. Ann Savage Name:	-Davis					
□Vice Chairman	Address:		Address: 1255 W. Colton Ave #132 Redlands. CA 92374						
□Director	Redlands, CA 92374	□Director							
□President		□President							
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·					
□ Secretary ■ Other	□ Treasurer e VP Board Member ■ Other	☐Secretary General C	'oursel	easurer SVP Compliance					
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 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.	age-Davis, General Counsel & SVP Compliance		tes a tillid degree reiony	to provided for in					
13									



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

Entity Name: MOUNTAIN WEST FINANCIAL, INC.

Entity No.: 1481856 Registration Date: 05/17/1990

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 April 14, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 100187420

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.