F23000003558

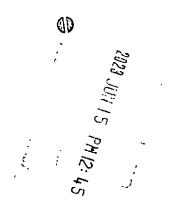
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DATE: 06/15/23

NAME: BR CAPITAL & FINANCE, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA00000015**

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

·

	stration Section sion of Corporations			
SUBJECT:	BR Capital & Finance, Inc.			
SOBSECT.		f corporation -	must include suffix	
Dear Sir or N	/ladam:			
"Certificate of	I "Application by Foreign Cor of Existence," or "Certificate of need foreign corporation to tra	of Good Stand	ing" and check are submit	
Please return	all correspondence concerning	ng this matter to	o the following:	
Steven Sheasl	by			
		Name of Po	erson	
Integrity Mor	tgage Licensing			
	==	Firm/Comp	any	
2973 Harbor I	Blvd., #575			
		Addres	S	
Costa Mesa, O	CA 92626			
	<u> </u>	City/State and	l Zip code	
camroncubak	@gmail.com			
	E-mail address:	(to be used for	r future annual report notif	ication)
For further in	nformation concerning this ma	itter, please ca	H:	
Steven Sheasl	эy ;	714 at (721-3963	
Nan	ne of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		i:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounted heck payable to: FLORIDA DE ling Fee	PARTMENT (Fee & \Box		3 \$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.

	nance.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
BR Capita	l & Finance, Inc.			
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
California 3.		84-1957077		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
01/20/2010		Perpetual		
	of incorporation)	(Date of duration, if other than perpetual)		
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
2250 Lindsay	Way, Suite 100 Glendora, CA 91740			
	(Principal off	ice street address)		
2250 Lindsay Wa	ay, Suite 100 Glendora, CA 91740			
	(Current maili	ng address, if different)		
. Name and stree	t address of Florida registered agent: (P.0	O. Box <u>NOT</u> acceptable)		
Name:	Paracorp Incorporated			
	155 Office Plaza Drive, 1st Floor			
ffice Address:	155 Office Flaza Bille, 1st Floor			
ffice Address:	Tallahassee	Florida 32301		
office Address:	Tallahassee	, Florida 32301 (Zip code)		
	Tallahassee (City)			
. Registered age laving been name esignated in this	Tallahassee (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints			
. Registered age laving been name esignated in this urther agree to co	Tallahassee (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints	(Zip code) ice of process for the above stated corporation at Re place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance and du sition as registered agent.		
. Registered age laving been name esignated in this urther agree to co	Tallahassee (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes to with and accept the obligations of my po	(Zip code) ice of process for the above stated corporation at Re place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my du sition as registered agent.		
laving been name esignated in this urther agree to co	Tallahassee (City) ent's acceptance: ed as registered agent and to accept serv. application, I hereby accept the appoints omply with the provisions of all statutes i	(Zip code) ice of process for the above stated corporation at Re place ment as registered agent and agree to act in this capacity. The relative to the proper and complete performance of my dustition 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]:

under the law of which it is incorporated.

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

A. DIRECTORS					
∴□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address: 2250 Lindsay Way, Suite 100	□Vice Chairman	Address: 2250 Lindsay Way, Suite 100		
Director	Glendora, CA 91740	□Director	Glendora, CA 91740		
■ President		□President			
□Vice President		□Vice President			
Secretary	Treasurer	Secretary	□Treasurer		
Other	Other	Other Officer	Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□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		
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. Camron Cubak 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. Camron Cubak, President					

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 6/14/2023

ENTITY NAME: BR Capital & Finance, 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: BR CAPITAL & FINANCE

Entity No.: 4238876 **Registration Date:** 01/29/2019

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.

GEAL OF THE OFFICE OF THE OFFI

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 13, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 119265932

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.