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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/2/2023

NAME: COUNTRY CLUB MORTGAGE, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	istration Section sion of Corporation	ons				
SUBJECT	Country Club Mo	ortgage, Inc.				
		Name of corpora	tion - mu	st include suffix		
Dear Sir or I	Madam:					
"Certificate	of Existence," or "	Foreign Corporation Certificate of Good Spration to transact bus	Standing'	and check are sub	et Business in Florida," mitted to register the	
Please return	all corresponden	ce concerning this ma	itter to th	e following:		
Stephen Scot	t Rose					
		Name	of Perso	n		
Country Club	Mortgage, Inc.					
		Firm/C	Company			
525 N Hall S	t					
	 	A	ddress			
Visalia, CA 9	3291					
		City/Sta	te and Zi	p code		
Stever367@g	mail.com					
	E-m	ail address: (to be us	ed for fu	ure annual report n	otification)	
For further is	nformation concer	ning this matter, plea	se call:			
Stephen Scot	t Rose	at () 90	901-4486		
Nar	ne of Person	Area (Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	ling Fec 🔲 💲	owing amount: ORIDA DEPARTME 78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified 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.

<u> </u>				
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)	
. <u>CA</u>	3			
	y under the law of which it is incorporated)	(FEI number, if a	pplicable)	
06/07/2001	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
· <u></u>				
	(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)	
525 N Hall St Vis	salia, CA 93291			
•	(Principal offi	ice street address)		
	(Current mailin	ng address, if different)	2[
			2023 OCT	
. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
Name:	Paracorp Incorporated	<u></u>	-2 E	
Office Address:	155 Office Plaza Drive, 1st Floor			
THEE Address.	Tallahassee	32301		
	. <u></u>	, Florida	25	
	(City)	(Zip code)	•	
	ent's acceptance:			
	ned as registered agent and to accept servi			
	application, I hereby accept the appointnoing omply with the provisions of all statutes r			
	with and accept the obligations of my po			
	Please see attached	d		
	Piease see attached			

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 Stephen Scott Rose Gary smee ☐ Chairman Name: Chairman 525 N Hall St 525 N Hall St Address: ☐Vice Chairman Address: ☐ Vice Chairman Visalia, CA 93291 Visalia, CA 93291 Director □ Director ■President □ President □Vice President ■ Vice President ☐ Secretary ☐ Treasurer ☐ Treasurer ☐ Secretary Other_ □Other _____ ☐ Other Other Jeremy Scott Engle □ Chairman □ Chairman Name: 525 N Hall St □Vice Chairman Address: ` ☐ Vice Chairman Address: Visalia, CA 93291 ☐ Director Director □ President □ President ■ Vice President □ Vice President ☐Treasurer □ Secretary ☐ 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 ____ 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. 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.

Stephen Scott Rose - President

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 09/29/2023

ENTITY NAME: Country Club 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



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

Entity Name:

COUNTRY CLUB MORTGAGE, INC.

Entity No.:

2314082

Registration Date:

06/07/2001

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 September 29, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 148958745

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.