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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AMERICAN MORTGAGE LICENSING

Account Number : I20150000056 Phone : (469)688-8441 Fax Number : (972)587-7479

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.≠≭

Email Address: kelly@amlicensing.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

## Paramount Media, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Help

MAR 1 4 2024

## COVER LETTER

TO:		tration Section on of Corporations		
SUBJ	ECT:	Paramount Media, Inc.		
5020		Name of	corporation	- must include suffix
Dear S	ir or M	adam:		
"Certif	icate of		Good Star	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please	return i	all correspondence concerning	this matter	to the following:
Kelly C	audrea	u		
	···········		Name of	Person
Americ	an Mon	tgage Licensing		
<del></del>			Firm/Con	pany
6520 A	lliance	Dr., Suite 120		
		<del></del>	Addr	SSS .
Rockwa	all, TX	75032		
		(	City/State a	nd Zip code
kelly@	amlicen	sing.com		
		E-mail address: (	to be used	or future annual report notification)
For fur	ther inf	ormation concerning this matt	er, picase o	all:
Kelly Gaudreau at Name of Person		903	2686480	
		Area Cod	Daytime Telephone 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
Please n	nake ch	check for the following amounteck payable to: FI.ORIDA DEP. ng Fee	ARTMENT	OF STATE  3 \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy 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.

Paramount Med	ia, Inc.			
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida		
Delaware		99-1079839		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
01/23/2024				
(Date of incorporation)		(Date of duration, if other than perpetual)		
upon approval				
5717 Legacy Driv	•	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	(Principal off	ice street address)		
	(Current mailis	D. Box NOT acceptable)		
Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)		
Name:	Registered Agent Solutions, Inc.			
fice Address:	2894 Remington Green Ln., Stc. A	32308		
	Tallahassee			
	(City)	Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

<sup>10.</sup> 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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS							
<b>■</b> Chairman	Marc Diana Name:	Chairman	Name: Kelly Ga	audreau			
□Vice Chairman	Address: 5717 Legacy Dr	□Vice Chairman	5717 Legacy Dr Address:				
Director	Suite 250	Director	Suite 250				
President	Plano, TX 75024	□President	Plano, TX 75024				
□Vice President		□Vice President					
Secretary	Treasurer	Secretary		☐Treasurer			
∏Other	[]Other	☐Other	<del></del>	□Other			
Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
☐ Director		□Director					
President		President					
□Vice President		☐ Vice President					
☐ Secretary	ElTreasurer	☐ Secretary		☐ Treasurer			
Other		Other		Other			
		<b>45</b>					
Chairman		□Chairman					
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director		□Director					
□President		President					
☐Vice President		☐ Vice President		<del></del>			
El Secretary	☐ Treasurer	Secretary		☐Treasurer			
Other	Other	Other		Other			
Important Notices. 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 direction is aware that far 4.817.155, F.S.	tor signing this document (and who is listed in number lse information submitted in a document to the Departm	11 above) affirms the ment of State constitut	at the facts stated tes a third degree	herein are true and that he or felony as provided for in			
, Marc Diana							

(Typed or printed name and capacity of person signing application)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARAMOUNT MEDIA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO PAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARAMOUNT MEDIA, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE,

2979344 8300 SR# 20240514566

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202815120

Date: 02-15-24