

(Requestor's Name)
(nequestors name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100445974651

2025 HAR 17 PM 2: 16 RECEIVED

25 Min 17 KH 10: 09

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/17/2024

NAME: NATIONAL CHOICE MORTGAGE INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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.

National Choice	e Mortgage Inc.			
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		-
(If name unavail	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Flo	orida)	_
2. California	3	99-2503188		
(State or count:	ry under the law of which it is incorporated)	(FEI number, if applicable) Perpetual		•
(Date	e of incorporation) 5	(Date of duration, if other than perpetual)		•
6		in Florida, if prior to registration) 1502, F.S., to determine penalty liability) bia, PA 19123		-
7		fice <u>street</u> address)		.
	(Current mail	ing address, if different)		
8. Name and <u>stre</u> Name:	et address of Florida registered agent: (P. Paracorp Incorporated	O. Box <u>NOT</u> acceptable)	John Sc	
Office Address:	155 Office Plaza Drive, 1st Floor		7 /1/2	7. O.
	Tallahassee	, Florida 32301	60:01 HY	137 137 137 137
	(City)	(Zip code)	9	구구 구구
Having been nan designated in this further agree to c	s application, I hereby accept the appoint	vice of process for the above stated corporation a ment as registered agent and agree to act in this relative to the proper and complete performance osition as registered agent.	сара	city. I
	See attached (Registered agent's			

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 Sasha Esfahanian ■ Chairman ☐ Chairman Name: ______ 3695 MacArthur Ct. □Vice Chairman Address: □ Vice Chairman Address: STE 1100 □ Director □ Director Newport Beach, CA 92660 □ President □President □Vice President ☐ Vice President □ Secretary □ Treasurer ☐Secretary □Treasurer Other _____ □Other _____ □Other ____ Name: Name: ______ Chairman ☐ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: Director □ Director □ President □President □Vice President □Vice President □ Secretary □Treasurer ☐ 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.

🔒 Sasha Esfahanian, CEO

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 3/17/2025

ENTITY NAME: National Choice 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:

National Choice Mortgage Inc.

Entity No.: Registration Date:

6172462 04/03/2024

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 March 17, 2025.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 307044325

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.