## F25000002576

(Requestor's Name)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
LI FICK-OF WALL
(Dusiness Tath Name)
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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2025 APR 30 PH 10: 07

2026 APR 30 PM 2: 50

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

Sincerely,

e-mail: accounting@incserv.com



## **ORDER FORM**

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/30/2025 ORDER ENTITY	PRIORITY Regular Approval	OUR REF # (Order ID#) 1372210
JUBILEE HOME LOANS, INC.		
PLEASE PERFORM THE FOLLOW JUBILEE HOME LOANS, INC. (	ING SERVICES: FL)	
File the attached foreign qualificati		
NOTES: \$70.00 Authorized		
RETURN/FORWARDING INSTRU ACCOUNT NUMBER: 120050000052	ICTIONS:	
Please bill the above referenced according	ount for this order.	
If you have any questions please con	ntact me at 656-7956,	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, April 30, 2025 Page 1 of 1

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Jubilee Home Loans, Inc.			
	of corporation	- must include suffix	
Dear Sir or Madam:			
	e of Good Star	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please return all correspondence concern	ing this matter	to the following:	
Brian Elbogen			
_	Name of	Person	
Jubilee Investments, Inc.			
	Firm/Con	ppany	
149 New Montgomery St. 4th Floor			
	Addr	ess	
San Francisco, CA 94105			
	City/State a	nd Zip code	
brian@withjubilee.com			
E-mail addres	s: (to be used	for future annual report notification)	
For further information concerning this i	natter, please o	call:	
Brian Elbogen	628 at (	203-0544	
Name of Person	Area Cod	e Daytime Telephone Number	
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following am Please make check payable to: FLORIDA II \$\sqrt{9}\$\$ \$70.00 Filing Fee \$78.75 Fili  Certificate	DEPARTMENT ng Fee &	□ S78.75 Filing Fee & □ \$87.50 Filing Fee. Certified Copy 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.

	orporation; must include "INCORPORATED."	COMPANY," "CORPORATI	ON,"	
"Inc.," "Co.," "Co	orp," "lne," "Co," or "Corp.")			
(If name unavaila	able in Florida, enter alternate corporate name add		ting business in Florida	<u></u>
Delaware	·			
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)	_
April 28, 2025	•			
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
N/A				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		oility)	_
149 New Montgo	mery St. 4th Floor, San Francisco, CA 94105			
	(Principal office	street address)		
				_
	(Current mailing a	iddress, if different)		
<b>N</b> 1 1 .		No. NOT and and lo	202	
Name and stree	et address of Florida registered agent: (P.O. I Incorporating Services, Ltd.	30x NOT acceptable)	: 25 : 25 : 17	يسوم المده
Name:		_	- π ω	ۇ خ ھىدى قارىد مەسەرلەندۇر
ffice Address:	1540 Glenway Dr.	<u> </u>	O	المراجعا
	Tallahassee	. Florida 32301	PHIO: 0	
	(City)	(Zip code)	### <b>6</b>	1000
Registered age	ent's acceptance:		7	
aving been nam	ed as registered agent and to accept service			
signated in this other agree to c	application, I hereby accept the appointment omply with the provisions of all statutes rela	nt as registered agent and ag utive to the proper and comp	gree to act in this cap dete performance of	pacity. my dui
	with and accept the obligations of my posit		,	
	Meliosa A Moseau (Registered agent's sign			
	VUIDVIDAD WUIDLD.			

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.

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

A. DIRECTORS						
□Chairman	Brian Elbogen Name:	□Chairman	Name:	<u> </u>		
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	4th Floor	□Director				
■President	San Francisco, CA 94105	□President				
□Vice President		□Vice President				
■ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	□ Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:	<del></del>		
□Director		□Director				
□President	<del>.</del>	□President				
□Vice President		□Vice President				
□ Secretary	Treasurer	□Secretary		□Treasurer		
□Other	Other	Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	<del></del>	□Director		<del></del> -		
□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. Briant (bogen (Apr 28, 2025 08.56 PDT)  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						

a morniary savinged in a document to the Department of that continues a time degree recorp as provision in

s.817.155, F.S.

Page 1

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "JUBILEE HOME LOANS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D.

2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JUBILEE HOME LOANS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2025.

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

Charuni Patibenda-Sanchez, Secretary of State
Authentication: 203559028

C. G. Sancher

Date: 04-29-25

10177103 8300 SR# 20251857950