TRANSMITTAL LETTER To: Qualification/Tax Lien Section **Division of Corporations** FINANCIAL SERVICES IN (Name of corporation - must include suffix) FRYER SUBJECT: Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. ł ណ្ណ. 700002348327 Please return all correspondence concerning this matter to the following: ž (Name of Person) WANCIAL (Firm/Company) àlle (Address S Ho Should you need to call someone concerning this matter, please call: RRPL Ryel _at (714) 487-6200 ŝ (Area Code & Daytime Telephone Number) (Name of Person) 11/17 **COURIER ADDRESS:** MAILING ADDRESS: Qualification/Tax Lien Section

Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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.

1.	FRYER FINANCIAL SERVICES, INC.	
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a	
	natural person or partnership if not so contained in the name at present.)	
2.	(State or country under the law of which it is incorporated) 33-0711581 (FEI number, if applicable)	
4.	<u>5-29-96</u> (Date of incorporation) 5. <u>Perpetual</u> (Duration: Year corp. will cease to exist or "perpetual")	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	<u></u> .
7.	27281 (ALLE ARROYD, STE. A	
	27281 CALLE ARROYD, STE. A SAN JUAN CAPISTRAND, CA 92675	
	(Current mailing address)	SE
8.	MORTGAGE BROKER	CRETA ION OF
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	PORA AROAI
	Name: <u>ERIC PAPALINI</u>	TEHS
0	ffice Address: 611 WYMORE ROAD STEZZI	
	Winter Park, FL, Florida, 32789	
	(Zip code)	

10. 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.



11. 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.

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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

DARRELL FRYER 28822 Via LEONA

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I, BILL JONES, S	ecretary of State of t	he State of Ca	lifornia, hereby certify	2	
That on the _	<u>29TH</u> da	y of	MAY	, <i>19_<u>96</u>,</i>	
	FRYER	FINANCIAL	SERVICES, INC.		
became incorporate Incorporation in the		of the Sta	te of California by	filing its Articles o	f
That по record	d exists in this offi r declaring dissolut	ce of a cert tion thereof,	ificate of dissolutio nor of a merger o	n of said corporation	SECRE
That said corp the records of this		e powers, ri	ghts and privileges	are not suspen de d of	ARYO
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That no inform activity or practice:			ïce on the financio	al condition, business	3
		cer	tificate and affix State of Californ OCTOBER 20,	~	

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