

F99000002627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

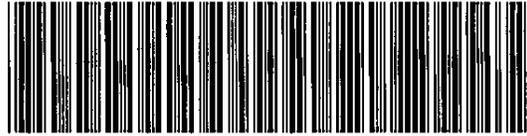
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500263381575

08/19/14--01024--008 \*\*43.75

FILED  
STATE OF STATE  
DIVISION OF CORPORATIONS  
14 AUG 19 AM 11:10

C. LEWIS  
AUG 26 2014  
EXAMINER



Via UPS

August 14, 2014

Florida Division of Corporations- Amendment Section  
Clifton Building  
2661 Exevutive Center Circle  
Tallahassee, FL 32301

***RE: Land Home Financial Services, Inc., Application for Amended Certificate of Authority***

To Whom It May Concern,

Enclosed please find Land Home Financial Services, Inc. application for amended Certificat of Authoirty along with a check for \$43.75, and a certified certificate of existence from the state of California.

If you have any questions please feel free to reach out to myself via email, [tracy.phillips@lhfs.com](mailto:tracy.phillips@lhfs.com), or phone, (775) 360-7410.

Best Regards,

A handwritten signature in black ink that reads "Tracy Phillips".

Bank Licensing Administrator  
Land/Home Financial Services  
Email: [tracy.Phillips@lhfs.com](mailto:tracy.Phillips@lhfs.com)  
Phone: (925) 676-7038

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Land/Home Financial Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Tracy Phillips**

\_\_\_\_\_  
Name of Contact Person

**Land Home Financial Services, Inc**

\_\_\_\_\_  
Firm/Company

**1355 Willow Way, Suite 250**

\_\_\_\_\_  
Address

**Concord, CA 94520**

\_\_\_\_\_  
City/State and Zip Code

**licensing@lhfs.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Tracy Phillips**

\_\_\_\_\_  
Name of Contact Person

at ( **775** ) **360-7410**

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**State of California**  
**Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

LAND HOME FINANCIAL SERVICES, INC.

FILE NUMBER: C1609493  
FORMATION DATE: 03/18/1988  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, 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 August 08, 2014.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State