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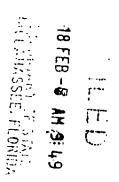
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO:

TO:	egistration Section vision of Corporations
SUBJE	Assent Mortgage, LLC
501771	Name of Limited Liability Company
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please i	n all correspondence concerning this matter to the following:
	Steven Sheasby
	Name of Person
	Integrity Mortgage Licensing
	Firm/Company
	2961 W MacArthur Blvd, Suite 209
	Address
	Santa Ana, CA 92704
	City/State and Zip Code
	steven@imlicensing.com
	E-mail address: (to be used for future annual report notification)
For furt	information concerning this matter, please call:
	even Sheasby 714 721-3963
	Name of Contact Person Area Code Daytime Telephone Number
	AILING ADDRESS: vision of Corporations egistration Section O. Box 6327 Illahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	a check for the following amount:  \$125.00 Filing Fee

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

-IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY.

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

_			<del></del>	
		ame adopted for the purpose of transacting business in Florida		Liability Company," "L.L.C," or "LLC,")
2	California (Jurisdiction under the law of wh	hich foreign limited hability company is organized)	3. 90-0749996 (FEI m	unber, if applicable)
		······································	(* 1.1 1.2	anovi, is apprecione,
4.	N/A	(Date first transacted business in Florida of prior to rea	uctration 1	
		(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	penalty liability)	
5.	18881 Von Karmon U (Street Address of F		6. 18881 Von Karmon Unit	
	Irvine, CA 92612	rincipal (Office)	(Mailing A	(ddress)
-				
7.		ss of Florida registered agent: (P.O. Box 1) Incorp Services, Inc.	<u>NOT</u> acceptable)	
	Name:	meorp services, me.	<del></del>	
	Office Address:	17888 67th Court North	<del>_</del> .	
		Loxahatchee	Florida 33470	≥. <b>≂</b>
		(Cny)	, Florida 33470 (Zip c	rode)
tes	ignated in this applica	gistered agent and to accept service of pro- tion, I hereby accept the appointment as i	registered agent and agree to a	ct in this capacit of further agree
des to c	ving been named as re ignated in this applica omply with the provisi	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r ions of all statutes relative to the proper as s of my position as registered agent.	registered agent and agree to a nd complete performance of m	ed transity company at the place ct in this capacits of further agree y duties, and I am familian with
des to c and	ving been named as re ignated in this applica omply with the provisi I accept the obligation:	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r ions of all statutes relative to the proper as s of my position as registered agent.  (Registered agent's sign	registered agent and agree to a nd complete performance of m	ed translity company at the place ct in this capacities further agree y duties, and I am familian with
des to c and	ving been named as re ignated in this applica omply with the provisi I accept the obligation:  The name, title or capa	gistered agent and to accept service of pro- tion, I hereby accept the appointment as r ions of all statutes relative to the proper as s of my position as registered agent.  (Registered agent's sign	registered agent and agree to a nd complete performance of m	ed liability company at the place ct in this capacited further agree y duties, and I am familiar, with
des to c and	ving been named as reignated in this applicationally with the provision accept the obligation.  The name, title or capa Title or Capacity:	gistered agent and to accept service of pro- tion, I hereby accept the appointment as a ions of all statutes relative to the proper as s of my position as registered agent.  (Registered agent's sign acity and address of the person(s) who has/ Name and Address:	registered agent and agree to a nd complete performance of m  nature)  have authority to manage is/are  Title or Capacity:	ed liability company at the place ct in this capacited further agree y duties, and I am familiar, with
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des to c and	ving been named as reignated in this applicationally with the provision accept the obligation.  The name, title or capa Title or Capacity:	gistered agent and to accept service of pro- tion, I hereby accept the appointment as a ions of all statutes relative to the proper as s of my position as registered agent.  (Registered agent's sign acity and address of the person(s) who has/ Name and Address:	registered agent and agree to a nd complete performance of m  nature)  have authority to manage is/are  Title or Capacity:	ed liability company at the place ct in this capacited further agree y duties, and I am familiar, with
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des to cana 8.	ving been named as reignated in this applicationally with the provisional accept the obligational accept the obligational The name, title or capatitle or Capacity:  President  See attachments if neces attachments accept the capacity accept the obligational acceptance accepta	gistered agent and to accept service of protion, I hereby accept the appointment as a fons of all statutes relative to the proper as of my position as registered agent.  (Registered agent's sign acity and address of the person(s) who has/ Name and Address:  Mahyar Kazemi  18881 Von Karmon Unit #107 Irvine, CA 92612  sary)  of existence, no more than 90 days old, due of which it is organized. (If the certificate if	nature)  Thave authority to manage is/are  Title or Capacity:  Vice President	Name and Address:  Julic Kim  18881 Von Karmon Unit #10  Irvine, CA 92612
des de cana 8.	ving been named as reignated in this applicationally with the provisional accept the obligational accept the name, title or capational acceptance accepts and acceptance acce	gistered agent and to accept service of protion, I hereby accept the appointment as a fons of all statutes relative to the proper as of my position as registered agent.  (Registered agent's sign acity and address of the person(s) who has/ Name and Address:  Mahyar Kazemi  18881 Von Karmon Unit #107 Irvine, CA 92612  sary)  of existence, no more than 90 days old, due of which it is organized. (If the certificate if	nature)  have authority to manage is/are Title or Capacity:  Vice President  Ally authenticated by the official is in a foreign language, a transl	Name and Address:  Julie Kim  18881 Von Karmon Unit #10  Irvine, CA 92612  having custody of records in the lation of the certificate under oath
des de cana 8.	ving been named as reignated in this applicationally with the provisional accept the obligational accept the name, title or capational acceptance accepts and acceptance acce	gistered agent and to accept service of protion, I hereby accept the appointment as a fons of all statutes relative to the proper as of my position as registered agent.  (Registered agent's sign acity and address of the person(s) who has/ Name and Address:  Mahyar Kazemi  18881 Von Karmon Unit #107 Irvine, CA 92612  sary)  of existence, no more than 90 days old, due of which it is organized. (If the certificate is abmitted)  uted in accordance with section 605.0203 (	nature)  have authority to manage is/are Title or Capacity:  Vice President  Ally authenticated by the official is in a foreign language, a transl	Name and Address:  Julie Kim  18881 Von Karmon Unit #10  Irvine, CA 92612  having custody of records in the lation of the certificate under oath

Typed or printed name of signee

Mahyar Kazemi

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPITANCE WITH SECTION 605 0002, FEORIDA SEATURES THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUNNESS IN THE STATE OF FEORIDA.

	ame adopted for the porpose of transacting biginess m	Florida: The alteriore name must include "Limno	ad Ludstiny Company," "L.L.C," or "L.L.C.")
California		3. <u>90-0749996</u>	
(Jimscheite er sinder the law of w	lach foreign binded leability company is organized)	(Hi)	mumber, if applicable)
N/A			
•	(Date first transacted business in Florata, if prior (See sections 615 0984 & 605 0905, U.S. to dete	to regulation )	<del></del>
18881 Von Karmon U		•	sir #1075
(Street Address of	'trucpal (H)'cc)	6. 18881 Von Karmon Ur	Address
Irvine, CA 92612		Irvine, CA 92612	
	<del></del>		<del></del>
~~···	<del></del>	·	<u> </u>
7. Name and street address	ss of Florida registered agent: (P.O. B	ox NOT accentable)	
The state of the s		ov <u>ivor</u> ucceptable)	
Name:	InCorp Services, Inc.	<del></del>	
Office Address:	17888 67th Court North		<u>.</u>
			<b>66</b>
	Loxahatchee	. Florida <u>33470</u>	<del></del> = <del>B</del>
Registered agent's accep	(Csty)	<b>(</b> /	pundu)
• • •		A	SOFT CONTRACTOR
	gistered agent and to accept service of		
iesignatea in inis appiica	tion, I hereby accept the appointmen	i as registerea agent and agree to	act in this capacity. Further agr
to comply with the provis	ions of all statutes relative to the prop	er and complete performance of	ny duties, and Lant familiar-with
and accept the obligation	s of my position as segistered agent.		
		`	등 등 기계
	Heat 121	Kathy Shin on he	shalf of InCom Sadfros Inc
	X Harris		ehalf of InCorp SerVices, Inc.
0.75	$\cup$	's steadure)	- <del></del>
	ucity and address of the person(s) who	has/have authority to manage is/ar	re:
Title or Capacity:	$\cup$	's steadure)	- <del></del>
	ncity and address of the person(s) who  Name and Address:  Mahyar Kazemi	has/have authority to manage is/ar <u>Title or Capacity:</u> Vice President	e: <u>Name and Address:</u> Julic Kim
Title or Capacity:	Name and Address:  Mahyar Kazemi  18881 Yon Karmon Unit #	has/have authority to manage is/ar <u>Title or Capacity:</u> Vice President	e: Name and Address: Julie Kim 18881 Von Karmon Unit #1
Title or Capacity:	ncity and address of the person(s) who  Name and Address:  Mahyar Kazemi	has/have authority to manage is/ar <u>Title or Capacity:</u> Vice President	e: <u>Name and Address:</u> Julic Kim
Title or Capacity:	Name and Address:  Mahyar Kazemi  18881 Yon Karmon Unit #	has/have authority to manage is/ar <u>Title or Capacity:</u> Vice President	e: Name and Address: Julie Kim 18881 Von Karmon Unit #
Title or Capacity:	Name and Address:  Mahyar Kazemi  18881 Yon Karmon Unit #	has/have authority to manage is/ar <u>Title or Capacity:</u> Vice President	e: Name and Address: Julie Kim 18881 Von Karmon Unit #1
Title or Capacity:	Name and Address:  Mahyar Kazemi  18881 Yon Karmon Unit #	has/have authority to manage is/ar <u>Title or Capacity:</u> Vice President	e: Name and Address: Julie Kim 18881 Von Karmon Unit #
Title or Capacity: President	Mahyar Kazemi  18881 Yon Karmon Unit #	has/have authority to manage is/ar <u>Title or Capacity:</u> Vice President	e: Name and Address: Julie Kim 18881 Von Karmon Unit #1
Title or Capacity: President	Mahyar Kazemi  18881 Yon Karmon Unit #	has/have authority to manage is/ar <u>Title or Capacity:</u> Vice President	e: Name and Address: Julie Kim 18881 Von Karmon Unit #
Title or Capacity:  President  Use attachments if neces	Mahyar Kazemi  18881 Yon Karmon Unit # Irvine, CA 92612	has/have authority to manage is/ar  Title or Capacity:  Vice President	ne:  Name and Address:  Julie Kim  18881 Von Karmon Unit #1  Irvine, CA 92612
Title or Capacity:  President  Use attachments if necess  Attached is a certificate	Mahyar Kazemi  18881 Yon Karmon Unit # Irvine. CA 92612	has/have authority to manage is/ar  Title or Capacity:  Vice President  107  L duly authenticated by the officia	Name and Address:  Julie Kim  18881 Von Karmon Unit #1  Irvine, CA 92612
Title or Capacity:  President  Use attachments if necess  Attached is a certificate urisdiction under the law	Mahyar Kazemi  18881 Von Karmon Unit # Irvine. CA 92612  sary)  of existence, no more than 90 days oke of which it is organized. (If the certific	has/have authority to manage is/ar  Title or Capacity:  Vice President  107  L duly authenticated by the officia	Name and Address:  Julie Kim  18881 Von Karmon Unit #  Irvine, CA 92612
Title or Capacity:  President  (Use attachments if necess  Attached is a certificate urisdiction under the law of the translator must be su	Mahyar Kazemi  18881 Von Karmon Unit # Irvine. CA 92612  sary)  of existence, no more than 90 days old of which it is organized. (If the certific abmitted)	has/have authority to manage is/ar  Title or Capacity:  Vice President  1. duly authenticated by the officia ate is in a foreign language, a trans	Name and Address:  Julie Kim  18881 Yon Karmon Unit #1  Irvine, CA 92612  I having custody of records in the slation of the certificate under oath
Title or Capacity:  President  (Use attachments if necess  Attached is a certificate urisdiction under the law of the translator must be su  0. This document is executed.	Manyar Kazemi  18881 Von Karmon Unit # Irvine. CA 92612  sary)  of existence, no more than 90 days old of which it is organized. (If the certific abmitted)  atted in accordance with section 605.02	has/have authority to manage is/ar  Title or Capacity:  Vice President  1. duly authenticated by the official ate is in a foreign language, a trans	Name and Address:  Julie Kim  18881 Von Karmon Unit #  Irvine, CA 92612  I having custody of records in the slation of the certificate under oath
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Title or Capacity:  President  (Use attachments if necess  Attached is a certificate urisdiction under the law of the translator must be su  0. This document is executed.	Manyar Kazemi  18881 Von Karmon Unit # Irvine. CA 92612  sary)  of existence, no more than 90 days old of which it is organized. (If the certific abmitted)  atted in accordance with section 605.02	has/have authority to manage is/ar  Title or Capacity:  Vice President  1. duly authenticated by the official ate is in a foreign language, a trans	Name and Address:  Julie Kim  18881 Von Karmon Unit #1  Irvine, CA 92612  I having custody of records in the slation of the certificate under oath ware that any false information
Title or Capacity:  President  (Use attachments if necess  Attached is a certificate urisdiction under the law of the translator must be su  0. This document is executed.	Mame and Address:  Mahyar Kazemi  18881 Von Karmon Unit # Irvine, CA 92612  sary)  of existence, no more than 90 days old of which it is organized. (If the certific abmitted)  atted in accordance with section 605.02 the Department of State constitutes a	has/have authority to manage is/ar  Title or Capacity:  Vice President  1. duly authenticated by the official ate is in a foreign language, a trans	Name and Address:  Julie Kim  18881 Von Karmon Unit #  Irvine, CA 92612  I having custody of records in the slation of the certificate under oath
Title or Capacity:  President  (Use attachments if necess  ). Attached is a certificate urisdiction under the law of the translator must be st  (). This document is executed as a certificate are stated as a certificate are sta	Mame and Address:  Mahyar Kazemi  18881 Von Karmon Unit # Irvine, CA 92612  sary)  of existence, no more than 90 days old of which it is organized. (If the certific abmitted)  atted in accordance with section 605.02 the Department of State constitutes a	has/have authority to manage is/ar  Title or Capacity:  Vice President  1. duly authenticated by the officia ate is in a foreign language, a trans  03 (1) (b). Florida Statutes, I am a third degree felony as provided for	Name and Address:  Julie Kim  18881 Von Karmon Unit #  Irvine, CA 92612  I having custody of records in the slation of the certificate under oath

Typed or printed name of signee

# State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ASSENT MORTGAGE, LLC

FILE NUMBER: FORMATION DATE:

201735510599

FORMALIC

12/21/2017

TA5E:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 January 17, 2018.

ALEX PADILLA Secretary of State