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To:

Division of Corporations

Fax Number

: (350)617-6383

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972

Fax Number

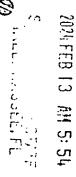
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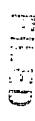
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ar	nual	repor	t mailin	gs.	Enter	only	one	email	add	res:	s ple	ase.	**

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## Foreign Limited Liability Company Mortgage X LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00





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Corporate Filing Menu

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To:

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Mortgage X LLC

TGX Loans LLC			
name unavailable, enter alternate n	sine adopted for the purpose of transacting business in Pl	rida. The alternate name must include t	"Limited Liability Company," "L.L.C," or "L
California		93-4897678	
(Jurudiction under the law of w	hick foreign limited liability company is organized)	3.	(FEI number, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	egistration) e penalty liability)	<del></del>
238 W Main St.		8502 E Chapman A	
reet Address of Procepti Office)	<del></del>	(Mailing Address)	
Scite 201		Suite 402	
Tustin, CA 92780		Orange, CA 92869	
Name and street address	s of Florida registered agent: (P.O. Ho	NOT acceptable)	8
Name:	InCorp Services, Inc.		1 S
Office Address:	3458 Lakeshore Dr		
	Tallahassee (Cas)	, Florida	312
			Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Rebecca Hanson Attorney-in-fact for InCorp Services, Inc.
(Registrated agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity:	Name and Address:	Title or Capacity	: Name and Address:
■Manager	Name: Mike Nguyen	Manager	Name:
□Member	Address: 664 N Lemon Hill Trl	□Member	Address:
□Authorized	Orange, CA 92869	□Authorized	
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	⊡Managor	Name:
[]Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		□Other	Other
□Manager	Name:	□.Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person		Person	
□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

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes. Lam aware that any 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.

DocuSigned by:		
Mike Mugen		
940800832978440	hig witte of an authorized person	
Mike Nguyen		
	Typed or printed name of signee	



1. SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: MORTGAGE X LLC
Entity No.: 202360016031
Registration Date: 12/18/2023

Entity Type: Limited Liability Company - CA

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 February 12, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 181441023

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.