

F13000005228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

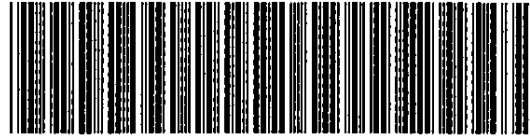
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Secure One Capital Corporation
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael M. IBA
Name of Person

Secure One Capital Corporation
Firm/Company

5000 Birch St. Ste 510
Address

Newport Beach, CA. 92660
City/State and Zip code

makiibatsecureonecapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael M. IBA at (310) 435-0612
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, 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.

1. Secure One Capital Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2 California 3 330777764

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4 12/18/1995 5 perpetual

(Date of incorporation) (Duration: Year corp will cease to exist or "perpetual")

6 upon registration

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 1501 & 607 1502, F S, to determine penalty liability)

7 5000 Birch St Ste 510 Newport Beach, CA 92660

(Principal office address)

5000 Birch St Ste 510 Newport Beach, CA 92660

(Current mailing address)

8 Mortgage Lender, any legal purpose

(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 NOI acceptable)

Name: In Corp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470

(City) (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.

Heather Nee for InCorp Services, Inc.

(Registered agent's signature)

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 business addresses of officers and/or directors:

A. DIRECTORS

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Chairman: Rooven Akiba
Address: 5000 Birch St Ste 510
Newport Beach, CA 92660

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Vice Chairman: Matt Pate
Address: 5000 Birch St Ste 510
Newport Beach, CA 92660

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Rooven Akiba
Address: 5000 Birch St Ste 510
Newport Beach, CA 92660

Vice President: Matt Pate
Address: 5000 Birch St Ste 510
Newport Beach, CA 92660

Secretary: Michael Akiba
Address: 5000 Birch St Ste 510 Newport Beach, CA 92660

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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 s.817.155, F.S.

14. Rooven Akiba President
(Typed or printed name and capacity of person signing application)

State of California
Secretary of State

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CERTIFICATE OF STATUS

ENTITY NAME:

SECURE ONE CAPITAL CORPORATION

FILE NUMBER: C1955424
FORMATION DATE: 12/18/1995
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 October 02, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State