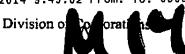
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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000032398 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Foreign Limited Liability Company BLACK KNIGHT PORTFOLIO SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

	istration Section Islen of Corporations			
SUBJECT:	Black Knight Portfoli	a Solutions, LLC		
			d Lisbility Company	
				Fransact Business in Florida," Certificate of lity company to transact business in Florida.,
Please return	all correspondence co.	ncerning this matter to the	following:	
	April Johnson			·
		N	ame of Passon	
	Black Knight Port	folio Solutions, LLC		
) i	m/Company	
	601 Riverside Ave	елие		
			Address	
	Jacksonville, Fl. 3	2204		
		City/S	tate and Zip Code	
	april juhnson@bkf			
		E-mail address: (to be used	for future annual report noti	Scation)
For further in	formation concerning	this matter, please call:		
∧pr	il Johnson		_n(904) 854-	5256
	Name of	Contact Person	Area C'ode	Daytime Telephone Number
	ILING ADDRESS: sion of Corporations		TADDRESS: n of Corporations	
Regi	istrution Section	Registra	ation Section	
-	Box 6327 phassee, FL 32314	2661 E:	Building xecutive Center Circle ssee, FL 32301	
	a check for the following Fee	llowing amount: Il \$130.00 Filing Fee &	T CLES ON PURSON POR	Carlelana Pau Carlelana
4	125,00 ruing rec	Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certifleate of Status & Certified Copy

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware Jurisdiction under the law of which foreign limited liability company is organized) O1/07/2014 (Date first transacted business in Florida, Il prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine ponulty liability)	ole)
O1/07/2014 (Date first transacted besiness in Florida, Il prior to registration.)	oic)
(Date first transacted business in Florida, II prior to registration.)	
601 Riverside Avenue	
Jacksonville, FL 32204	
(Street Address of Principal Office)	
601 Riverside Avenue	
Jacksonville, FL 32204	1. <u>≥</u> 0.
(Mailing Address)	-
The name, title or capacity and address of the person(s) who has/have authority to ma	nage is/are:
ack Knight Mortgage Processing Solutions, LLC , Member	<u>:</u> :
I Riverside Avenue	17,
kaonville, FL 32204	,.1.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Black Knight	ne of the Limited Liability Portfolio Solutions, LLC	d in the state of Florida is:	
		· · · · · · · · · · · · · · · · · · ·	
2. The nam	e and the Florida street	ddress of the registered agent and of	lice arc:
	C T Corporation Syste	1	
		(Name)	
	1200 South Pine Island Road		
	Florida Street Address (P.O. Box NOT ACCEPTABLE))
	Plantation	PL 33324	
		City/State/Zip	ि । नि
			5
liability con registered a statutes rela	npany at the place design gent and agree to act in t ating to the proper and ca	nt and to accept service of process for ted in this certificate, I hereby accep his capacity. I further agree to comp implete performance of my duties, and as registered agent as provided for to tem	of the appointment as. In with the provisions of all If I am familiar with and
		(Signature) Mad Special /	ionna Cyddihy Assistant Secretary
	\$	100.00 Filing Fee for Application	
	\$ \$	25.00 Designation of Registered 30.00 Certified Copy (optional)	
	\$	5.00 Certificate of Status (opti-	

Delaware

PAGE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLACK KNIGHT PORTFOLIO SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5457451 8300

140128241

You may verify this cortificate online at corp.doleware.gov/authver.shtml

AUTHENTICATION: 1108050

DATE: 02-04-14