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### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

CORPORATION SERVICE COMPANY

Please give origina!

SUBJECT: REO AMERICA ABSTRACT LLC

Ref. Number: W17000102481

6 JE 1 5

We have received your document for REO AMERICA ABSTRACT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

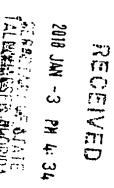
Please list the complete principal office address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 617A00026427



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 977025 7862248

AUTHORIZATION

COST LIMIT : /\$125.00

ORDER DATE: December 21, 2017

ORDER TIME : 3:04 PM

ORDER NO. : 977025-001

CUSTOMER NO: 7862248

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### FOREIGN FILINGS

NAME: REO AMERICA ABSTRACT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### **COVER LETTER**

O: Registration Section Division of Corporations	
REO America Abstract, LLC	
Name of Limited Liability Company	
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate xistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	e of rida
lease return all correspondence concerning this matter to the following:	
Sean Holohan	
Name of Person	
Firm/Company	
123 South Broad St, Ste 1400	
Address	
Philadelphia, PA, 19109	
City/State and Zip Code	
sholohan@mwc-law.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Sean Holohan at (215) 790-5752  Name of Contact Person Area Code Daytime Telephone Number	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

□ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

Enclosed is a check for the following amount:

\$\Boxed{\text{\$\subset\$} \$125.00 Filing Fee}\$\$ \$\Boxed{\text{\$\subset\$} \$\$130.00}\$\$

□ \$130.00 Filing Fee &

Certificate of Status

### 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:

(Name of Foreign I	inited Liability Company; must include "Limit	ed Clability Company, Lind C., or 1956.	,
	une adopted for the purpose of transacting business in Fl	lorida. The alternate name must include "Limited Li	ability Company," "L.L.C," or "LLC.")
	ma scape of the property of the second	3. <u>26-08596</u>	,93
ennsylvania	sch foreign limited liability company is organized)	(FEI man	nber, if applicable)
	(Date first transacted business in Florida, if prior to	o registration)	<del></del>
	(See sections 605.0904 & 605.0905, F.S. to determ	6. 123 South Broad Stree	et Suite 1225
123 SOUTH BROAD S		6. 123 South Bload Street	(dress)
PHILADELPHIA, PA, I		Philadelphia, PA, US, 19	109
THE ROLL THE TANK			
			17
	CDI aida a sistemad spent: (P.O. Bo	NOT accentable)	
Name and street address	ss of Florida registered agent: (P.O. Bo	ACT described	
Name:	Corporation Service Company		FILE EC 29
00° 111	1201 Hays Street		U FI
Office Address:		22201	
	Tallahassee	, Florida 32301	ode)
iving been named as re signated in this applica comply with the provis	egistered agent and to accept service o ution, I hereby accept the appointment ions of all statut <b>es</b> relative to the prop	f process for the above stated limit as registered agent and agree to a er and complete performance of m LYQ1a	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen
iving been named as re signated in this applica comply with the provis	otance: egistered agent and to accept service of	f process for the above stated limit as registered agent and agree to a er and complete performance of m LYQ1a	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with
iving been named as re signated in this applica comply with the provis	otance: egistered agent and to accept service o ation, I hereby accept the appointment ions of all statut <b>es</b> relative to the prop	f process for the above stated limit as registered agent and agree to a er and complete performance of m Lydia Asst. Vio	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen
iving been named as resignated in this application comply with the provised accept the obligation	otance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prop as of my position as registered agent.  (Registered agen active and address of the person(s) who	f process for the above stated limit as registered agent and agree to a er and complete performance of m Lydia Asst. Vic a's signature)	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen te President
iving been named as resignated in this application comply with the provised accept the obligation	otance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prop us of my position as registered agent.	f process for the above stated limit as registered agent and agree to a er and complete performance of m Lydia Asst. Vid a's signature)	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen the President   Name and Address:
aving been named as resignated in this application comply with the provised accept the obligation.  The name, title or cap	otance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutet relative to the propus of my position as registered agent.  (Registered agent active and address of the person(s) who Name and Address:	f process for the above stated limit as registered agent and agree to a er and complete performance of m Lydia Asst. Vic a's signature) has/have authority to manage is/are Title or Capacity: Member	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen represident  :  Name and Address:  Mid-Atlantic Solutions Holding
aving been named as resignated in this application comply with the provised accept the obligation.  The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.  (Registered agent accity and address of the person(s) who Name and Address:  Sean Moran	f process for the above stated limits as registered agent and agree to a er and complete performance of masst. Vio	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen the President   Name and Address:
aving been named as resignated in this application comply with the provised accept the obligation.  The name, title or cap <u>Title or Capacity:</u>	egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the property of my position as registered agent.  (Registered agent accity and address of the person(s) who Name and Address:  Sean Moran	f process for the above stated limits as registered agent and agree to a er and complete performance of masst. Vio	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen represident  Name and Address:  Mid-Atlantic Solutions Holding 1235 S. Broad St. Ste 1400
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signated in this application comply with the provisal accept the obligation.  The name, title or caparity:  Manager  Manager  Use attachments if necessary.	cotance: egistered agent and to accept service of attion, I hereby accept the appointment ions of all statutes relative to the propose of my position as registered agent.  (Registered agent (Registered agent)  (Registered agen	f process for the above stated limits as registered agent and agree to a er and complete performance of mydia Asst. Vid.  Asst	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen resident  Name and Address:  Mid-Atlantic Solutions Holding 1235 S. Broad St. Ste 1400 Philadelphia, pa 19109
aving been named as resignated in this application comply with the provised accept the obligation.  The name, title or cap Title or Capacity:  Manager  Manager  Use attachments if necessarisdiction under the law arisdiction un	cotance: egistered agent and to accept service of stion, I hereby accept the appointment ions of all statutes relative to the prop is of my position as registered agent.  (Registered agent accity and address of the person(s) who Name and Address:  Sean Moran  (23 S. Grand St. St. 1909  Christing Bioham (19109  Christing Bioham (19109)  essary)  e of existence, no more than 90 days of which it is organized. (If the certification)	f process for the above stated limits as registered agent and agree to a er and complete performance of mydia Asst. Vid.  Asst	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Cohen resident  Name and Address:  Mid-Atlantic Solutions Holding 1235 S. Broad St. Ste 1400 Philadelphia, pa 19109

Typed or printed name of signee

Margaret Gairo

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

12/29/2017

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### REO America Abstract LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SECRETA OF THE CONTROL OF THE CONTRO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC171229140980-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify