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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight OCT 01 2008



Ekaterina Stanton, Corporate Counsel (adm. in CA and NY)  
505 Montgomery Street, 23<sup>rd</sup> Floor  
San Francisco, CA 94111  
Tel: 415-402-2646  
Fax: 415-402-2046  
Email: [Kate.Stanton@exigenservices.com](mailto:Kate.Stanton@exigenservices.com)

September 29, 2008

Florida Division of Corporations, New Filing Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Application for Authorization to Do Business in Florida by Exigen Mortgage Asset Management, Inc.

Dear Sir or Madam:

Exigen Mortgage Asset Management, Inc. ('Company') is a Delaware corporation seeking to register as a foreign corporation in Florida.

Enclosed please find:

1. Company's completed Application for Authority to Transact Business in Florida (one original and one copy)
2. Company's duly authenticated Certificate of Good Standing issued by the state of Delaware on September 3, 2008.

Authenticity of the above document can be verified by going to:

<http://corp.delaware.gov/authverinfo.shtml>

**File Number:** 4575514  
**Authentication Code:** 6827835



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3. Check for \$87.50:
- |            |   |                              |
|------------|---|------------------------------|
| a. \$70.00 | - | Filing Fee                   |
| b. \$8.75  | - | Certificate of Status        |
| c. \$8.75  | - | Certified copy of the filing |

Please send us a certified copy of our filing as well as a Certificate of status to:

Ekaterina Stanton, Corporate Counsel  
505 Montgomery St., Ste 2300  
San Francisco, CA 94111

**Should you have any questions, please feel free to contact me directly at (415) 601-0926 or via email: [kate.stanton@exigenservices.com](mailto:kate.stanton@exigenservices.com).**

Sincerely,

A handwritten signature in black ink, appearing to read "K. Stanton". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ekaterina Stanton, Corporate Counsel

Encl.

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Exigen Mortgage Asset Management, Inc.

(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," 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:

Ekaterina Stanton, Corporate Counsel

(Name of Person)

Exigen Mortgage Asset Management, Inc.

(Firm/Company)

505 Montgomery St., Suite 2300

(Address)

San Francisco, CA 94111

(City/State and Zip code)

For further information concerning this matter, please call:

Ekaterina Stanton at ( 415 ) 601-0926

(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. Exigen Mortgage Asset Management, Inc.**

(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. Delaware**

(State or country under the law of which it is incorporated)

**3. 26-3303479**

(FEI number, if applicable)

**4. September 2, 2008**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. N/A**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 505 Montgomery St., Suite 2300 San Francisco, CA 94111**

(Principal office address)

**505 Montgomery St., Suite 2300 San Francisco, CA 94111**

(Current mailing address)

**8. Servicing of mortgage loans; making mortgage loans; engaging in any other lawful acts or activities for which corporations may be organized under Florida laws**

(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 NOT acceptable)**

Name:

**C T Corporation**

Office Address:

**1200 South Pine Island Road**

**Plantation**

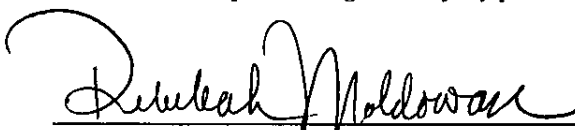
(City)

**Florida 33324**

(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.*



(Registered agent's signature)

**Rebekah Moldowan**  
**Assistant Secretary**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**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.**

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Kimberlee S. Bogen

Address: 505 Montgomery St., Suite 2300 San Francisco, CA 94111

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Stephen Golden

Address: 505 Montgomery St., Suite 2300 San Francisco, CA 94111

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Kimberlee S. Bogen

Address: 505 Montgomery St., Suite 2300 San Francisco, CA 94111

Treasurer: Lisa Oliveri Chui

Address: 505 Montgomery St., Suite 2300 San Francisco, CA 94111

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

13. Kimberlee S. Bogen

(Signature of Director or Officer listed in number 12 of the application)

14. Kimberlee S. Bogen, Secretary

(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXIGEN MORTGAGE ASSET MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF SEPTEMBER, A.D. 2008.

APPROVED  
AND  
FILED

08 SEP 30 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4575514 8300

080920292

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6827835

DATE: 09-03-08