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To:	Division of Corporations	SECH SECH	477377
	Fax Number : (850) 617-6381	E E	422000
From:	Account Name : CORPORATION SERVICE COMPANY	IARY ASSE	() () () () () () () () () ()
	Account Number : I20000000195 Phone : (850)521-1000	mo 🛥	
	Fax Number : (850)558-1515	100 ST	L-marki
**Enter the annual	email address for this business entity to be used for report mailings. Enter only one email address please		"
Email	Address:		

FOREIGN PROFIT/NONPROFIT CORPORATION NSM RECOVERY SERVICES INC.

Certificate of Status	0
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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 C'ORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	Services Inc. orporation; must include "INCORPORA'I orp," "Inc," "Co," or "Corp.")	ΈIJ,	" "COMPANY," "CORPORATION,"	-	
(If name unavail	able in Florida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florida)	-	
2. Delaware		3.	27-3275696		
	under the law of which it is incorporated)	- "	(FEI number, if applicable)	•	
4. August 13, 2010		5.	Perpetua)	_	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6.				_	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)					
a 350 Highland Dr	, Lewisville, TX 75067		,		
7. <u>555 11.6</u> 5.	(Principal office	add	ress)	-	
350 Highland Dr	., Lewisville, TX 75067				
	(Current mailing	add	ress)	•	
To engage in any 8. Florida.	y lawful act or activity for which Corporati	ions	may be organized under the General Corporation Law of		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)					
9. Name and street	et address of Florida registered agent:	(P.C	D. Box NOT acceptable)	- COLEAN	
Name:	Corporation Service Company		ASS.	5	
Office Address:	1201 Hays Street		mo mo	E C	
	Tallahassce		, Florida 32301	Ö	
	(City)		(Zip code)	<u>3</u>	
Having been nam designated in this further agree to cand I am familiar	application, I hereby accept the appo	intn es r	ce of process for the above stated corporation at the nent as registered agent and agree to act in this capa elative to the proper and complete performance of misition us registered agent. Dona L. Priebe, Assistant VP	city. I	

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.

(Registered agent's signature)

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

SECRETARY OF STATE

A. DIRECTORS	WILLIAM SSEE FEURIDA
Chairman: See attached officers/directors rider.	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: See attached officers/directors rider.	
Address:	
TAME OF THE PARTY	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	tional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the	application)
14. Ron L. Fountain, Assistant Secretary	
(Typed or printed name and capacity of person signing a	pplication)

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NSM Recovery Services, Inc.
Officer/Director Rider

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Officers of NSM Recovery Services, Inc.

Anthony H. Barone Jesse K. Bray Anne E. Sutherland Gregory A. Oniu Ron L. Fountain Jim Fullen Gary Davenport

Address for all officers: c/o Nationstar Mortgage LLC, 350 Highland Drive, Lewisville, Texas 75067

Directors of NSM Recovery Services, Inc.

Anthony H. Barone Jesse K. Bray

Address for all directors: c/o Nationstar Mortgage LLC, 350 Highland Drive, Lewisville, Texas 75067

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Delaware

SECRETARY OF STATE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NSM RECOVERY SERVICES 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 EIGHTH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NSM RECOVERY SERVICES INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2010.

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

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DATE: 09-08-10