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NOV 29 2010

P. 1
Page 1 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I200000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION
OCWEN INSURANCE SERVICES CORPORATION

Certificate of Status	0
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Page Count	05
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers NOV 30 2010

**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. Ocwen Insurance Services 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

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

3. 27-3647363

(FEI number, if applicable)

4. September 20, 2010

(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. 4837 Watt Avenue, North Highlands, CA 95660

(Principal office address)

1661 Worthington Road, Suite 100, West Palm Beach, FL 33409

(Current mailing address)

8. Please see attached Exhibit A.

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: 

(Registered agent's signature)

**Jeanne Reynolds
as its agent**

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. DIRECTORSChairman: William C. ErbeyAddress: 1661 Worthington Road, Suite 100
West Palm Beach, FL 33409Vice Chairman: N/A

Address: _____

Director: William C. ErbeyAddress: 1661 Worthington Road, Suite 100
West Palm Beach, FL 33409Director: Ronald M. FarisAddress: 1661 Worthington Road, Suite 100
West Palm Beach, FL 33409**B. OFFICERS**President: Ronald M. Faris (also Chief Executive Officer)Address: 1661 Worthington Road, Suite 100
West Palm Beach, FL 33409Vice President: John P. Van Vlack (Executive VP, Chief Financial Officer, and Chief Accounting Officer)Address: 1661 Worthington Road, Suite 100
West Palm Beach, FL 33409Secretary: Paul A. Koches (also Executive Vice President and General Counsel)Address: 1661 Worthington Road, Suite 100, West Palm Beach, FL 33409Treasurer: Richard Delgado (also Senior Vice President)Address: 1661 Worthington Road, Suite 100, West Palm Beach, FL 33409

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. Richard Delgado, Senior Vice President and Treasurer

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

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Exhibit A

8. The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

OCWEN INSURANCE SERVICES CORPORATION

FILE NUMBER: C3321483
FORMATION DATE: 09/20/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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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 November 24, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State