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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

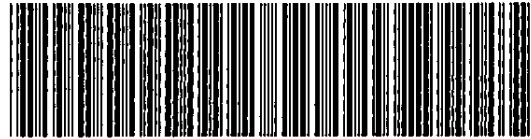
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: REO NATIONAL CORP

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," or "Certificate of Good Standing" 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:

MICHAEL SHEPHERD

Name of Person

REO NATIONAL CORP

Firm/Company

85 ROBERT ST

Address

BOSTON, MA 02131

City/State and Zip code

SHEP@REONATIONAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SHEPHERD

Name of Person

at (617) 4692900

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:

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\$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. REO NATIONAL CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

REO SOLUTIONS

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MASSACHUSETTS

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

3. 04-3474493

(FEI number, if applicable)

4. 1999

(Date of incorporation)

5. PERPETUAL

(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)

7. 85 ROBERT ST, SUITE 31, BOSTON, MA 02131

(Principal office address)

85 ROBERT ST, SUITE 31, BOSTON, MA 02131

(Current mailing address)

8. AMC

(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

(City)

, Florida 32301

(Zip code)

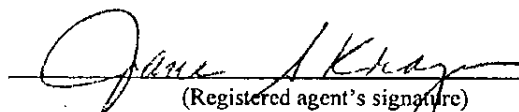


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Handwritten initials

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)

Jane S. Kraye, Assistant VP

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: MICHAEL SHEPHERD

Address: 85 ROBERT ST
BOSTON, MA 02131

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SAME AS ABOVE

Address: _____

Vice President: NONE

Address: _____

Secretary: MICHAEL SHEPHERD

Address: 85 ROBERT ST

Treasurer: MICHAEL SHEPHERD

Address: 85 ROBERT ST, BOSTON, MA 02131

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. MICHAEL SHEPHERD

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: June 28, 2011

To Whom It May Concern :

I hereby certify that according to the records of this office,

REO NATIONAL CORP.

is a domestic corporation organized on **June 08, 1999** , under the General Laws of the

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-

ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's

dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-

poration has filed all annual reports, and paid all fees with respect to such reports, and so far as

appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 11063651090

Verify this Certificate at: <http://corp.sec.state.ma.us/corp/Certificates/Verify.asp> ←

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