

F11000003749

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000223370 3)))



H110002233703ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

DIVISION OF CORPORATIONS

11 SEP 16 PM 1:05

RECEIVED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

Altisource Fulfillment Operations, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

MRS 9/19

*Faxed on 9/8 under different
FAX Audit number.
MRS 9/19*

RE-SUBMIT

**Please retain original filing
date of submission 9/8**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Altisource Fulfillment Operations, 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," 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:

Teresa Denoncourt
Name of Person
Altisource
Firm/Company
12001 Science Drive, Suite 100
Address
Orlando, FL 32826
City/State and Zip code
teresa.denoncourt@altisource.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Denoncourt at (561) 682-8797
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



September 16, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ALTISOURCE FULFILLMENT OPERATIONS, INC.
REF: W11000047931

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return 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) 245-6901.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: E11000223370
Letter Number: 511A00021465

RE-SUBMIT
Please retain original filing
date of submission 9/8



September 13, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ALTISOURCE FULFILLMENT OPERATIONS, INC.
REF: W11000047101

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000081229 (ALTISOURCE FULFILLMENT OPERATIONS LLC).

If you have any further questions concerning your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000223370
Letter Number: 211A00021137

RE-SUBMIT

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date of submission 9/8

Altisource

August 22, 2011

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Altisource Fulfillment Operations, LLC
Document Number: L04000081229

Dear Sir:

Please be advised that Altisource Portfolio Solutions, Inc. ("Altisource"), being the sole member of Altisource Fulfillment Operations, LLC, a Florida limited liability company (the "Company"), has adopted resolutions authorizing the dissolution of the Company and has filed Articles of Dissolution with the Division of Corporations.

Altisource will not reverse or rescind the dissolution and hereby waives its right to re-instate the Company. Simultaneous with this dissolution, Altisource unequivocally consents to use of the name, *Altisource Fulfillment Operations*, to Altisource Fulfillment Operations, Inc., a Delaware company.

Sincerely,

Altisource Portfolio Solutions, Inc.



F. Brian Schneiderman
Secretary

FBS:td

Thinking Ahead. Delivering Today.

2002 Summit Boulevard, Suite 600 | Atlanta, GA 30319

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. Altisource Fulfillment Operations, 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 3. 27-4894243
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/11/2011 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2002 Summit Blvd., Suite 600, Atlanta, GA 30319
(Principal office address)

same
(Current mailing address)

8. Underwriting and quality control review services
(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 System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: 
(Registered agent's signature)

Danny Verdecchia, Jr. Asst. Secretary

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William B. Shepro

Address: 291 route d Arlon

L-1150 Luxembourg City, Luxembourg

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: Timothy C. Stern

Address: Two City Place, Suite 30

St. Louis, MO 63141

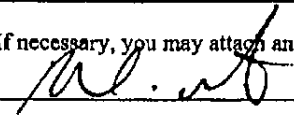
Secretary: Michael D. Peretz

Address: Two City Place, Suite 30, St. Louis, MO 63141

Treasurer: _____

Address: _____

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, P.S.

14. Michael D. Peretz, Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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PAGE 1 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTISOURCE FULFILLMENT OPERATIONS, 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 SECOND DAY OF SEPTEMBER, A.D. 2011.

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

4925857 8300

110977160

You may verify this certificate online
at corp.delaware.gov/authvar.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9007981

DATE: 09-02-11