

F11000004215

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H110002515583ABC

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1192  
Fax Number : (850) 878-5368

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

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**LPS Asset Management Solutions, inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED  
11 OCT 19 PM 1:40  
DIVISION OF CORPORATIONS

FILED  
2011 OCT 19 PM 12:09  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10/20/11  
10/18/2011

## COVER LETTER

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

**SUBJECT:** LPS Asset Management Solutions, 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:

April Johnson

Name of Person

LPS Asset Management Solutions, Inc.

Firm/Company

601 Riverside Avenue

Address

Jacksonville, FL 32204

City/State and Zip code

april.johnson@lpsvcs.com

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

For further information concerning this matter, please call:

April Johnson

at ( 904 )

854-5256

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

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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 CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. LPS Asset Management Solutions, 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. Colorado

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

3. 84-1477780

(FBI number, if applicable)

4. 10/21/1998

(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, P.S., to determine penalty liability)

7. 601 Riverside Avenue, Jacksonville, FL 32204

(Principal office address)

601 Riverside Avenue, Jacksonville, FL 32204

(Current mailing address)

8. Buys, sells and manages real estate property.

(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: \_\_\_\_\_

Barbara A. Burke

(Registered agent's signature)

Barbara A. Burke  
Assistant 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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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

Director: Todd C. Johnson

Address: 601 Riverside Avenue

Jacksonville, FL 32204

Director: Daniel T. Scheuble

Address: 601 Riverside Avenue

Jacksonville, FL 32204

**B. OFFICERS**

President: Robert Caruso

Address: 601 Riverside Avenue

Jacksonville, FL 32204

Vice President: Todd C. Johnson

Address: 601 Riverside Avenue

Jacksonville, FL 32204

Secretary: Colleen E. Haley

Address: 601 Riverside Avenue, Jacksonville, FL 32204

Treasurer: Jennifer F. Alvarado

Address: 601 Riverside Avenue, Jacksonville, FL 32204

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

13. Colleen E. Haley

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. Colleen E. Haley, VP & Corporate Secretary

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

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

CERTIFICATE

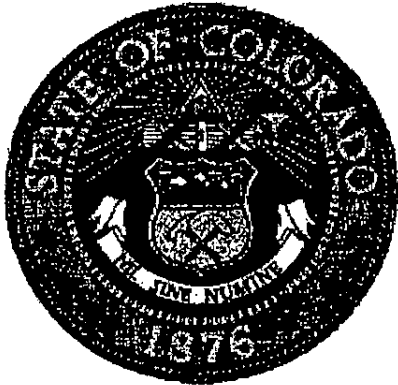
I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**LPS Asset Management Solutions, Inc.**

is a Corporation formed or registered on 10/21/1998 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19981188405.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/17/2011 that have been posted, and by documents delivered to this office electronically through 10/18/2011 @ 13:04:39.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/18/2011 @ 13:04:39 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8068960.



Secretary of State of the State of Colorado

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\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/csr/CertificateSearchCertificate.cfm>; entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*