Division of Corporations

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.

(((H150001232013)))



H150001232013ABCP

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

: (850)205-8842

Phone 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.

FOREIGN PROFIT/NONPROFIT CORPORATION

Ocwen Financial Insurance Services, Inc.

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

Electronic Filing Menu	Electron	nic	Filing	Menu
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Corporate Filing Menu

Page 1 of 1

5/21/2015

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Ocwen Financial Insurance Services, In	c	
Name of corpora	stion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	Standing" and check are su	act Business in Florida," brnitted to register the
Please return all correspondence concerning this m	satter to the following:	
Lynn Almeida		
Name	e of Person	
Ocwen Financial Corporation		
Firm/	Company	
1661 Worthington Road		
A	ddress	
West Palm Beach, FL 33486		
City/Sta	ite and Zip code	
lynn.almeida@ocwen.com		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	ase call:	
Peter S. Oglesby	682-7937	
	rea Code & Daytime Teleph	none Number
	•	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301	MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
·		
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 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.

•	y under the law of which it is incorporated)	(FEI number, if applicable)
A A PARMATE	_	, , , , ,
. 04/29/2015 (Date	of incorporation) 5.	Perpetual (Duration: Year corp. will cease to exist or "perpetual")
Upon Qualificat	ion	
1000 Abamatha B	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
, 1000 Abeniatry F	load, NE, Suite 210, Atlants, GA 30328 (Principal office add	
same	, -	
	(Current mailing add	lress)
. Name and <u>atrec</u> Name:	t address of Florida registered agent: (P.0	O. Box NOT acceptable)
ffice Address:	1200 South Pine Island Road	
	Plantation	, Florida <u>33324</u>
	(City)	(Zip code)

10. 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)

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: SEE ATTACHMENT
Address:
Vice Chairman:
Address:
Director;
Arbitress:
Additional .
Director:
Address:
Addiess.
B. OFFICERS
President: SEE ATTACHMENT
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Para 5 Oglah
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.
13. Peter S. Oglesby, President
(Typed or printed name and capacity of person signing application)

Ocwen Financial Insurance Services, Inc.

Business Address:

1000 Abernathy Road, NE, Suite 210 Atlanta, GA 30328 561-682-7937

Officers

Name	Title
Peter S Oglesby	Presiden/CEO
Amy M Winslett	Vice President
Lynn Almeida	Secretary
Erik F Koenig	Treasurer / CFO
Nivaldo	Chief Risk
Hernandez	Officer

Directors

Name	Title
John Britti	Director -
	Chairman
Marcelo Cruz	Director - Vice
Į.	Chairman
Peter S Oglesby	Director

Delaware

PAGE

The First State

I, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OCNEN FINANCIAL INSURANCE 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
TWENTIETH DAY OF MAY, A.D. 2015.

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

5728395 8300

150720816

jeffrey W. Bullock, Secretary of S AUTHENTICATION: 2394369

DATE: 05-20-15

You may vorify this certificate enlist at corp. delaware. gov/authvor. shtml