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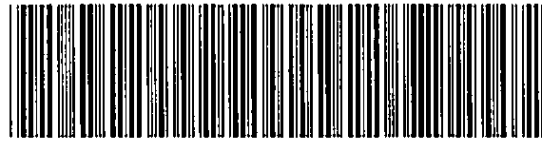
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/18--01041--012 **70.00

9/11/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PM Services, 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:

Jack C. Davis, Esq.

Name of Person

Loomis, Ewert, Parsley, Davis & Gotting, P.C.

Firm/Company

124 West Allegan Street, Suite 700

Address

Lansing, MI 48933

City/State and Zip code

lstuart@altmancos.com

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

For further information concerning this matter, please call:

Jack C. Davis

517

482-2400

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

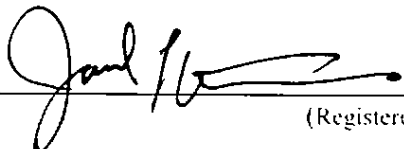
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. PM Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- PMP Servicing Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Michigan 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 27, 1970 5. N/A
(Date of incorporation) (Date of duration, if other than 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. 1515 South Federal Highway, Suite 300, Boca Raton, FL 33432
(Principal office address)
- N/A
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Joel L. Altman
- Office Address: 1515 South Federal Highway, Suite 300
- Boca Raton 33432
(City) (Zip code)

9. 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.

X 
(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: Joel L. Altman
Address: 1515 South Federal Highway, Suite 300
Boca Raton, FL 33432

Vice Chairman: None
Address: _____

Director: Joel L. Altman
Address: 1515 South Federal Highway, Suite 300
Boca Raton, FL 33432

Director: None
Address: _____

B. OFFICERS

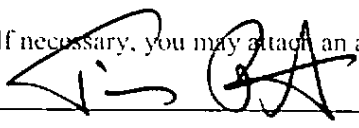
President: Joel L. Altman
Address: 1515 South Federal Highway, Suite 300
Boca Raton, FL 33432

Vice President: None
Address: _____


Secretary: Timothy A. Peterson
Address: 1515 South Federal Highway, Suite 300, Boca Raton, FL 33432

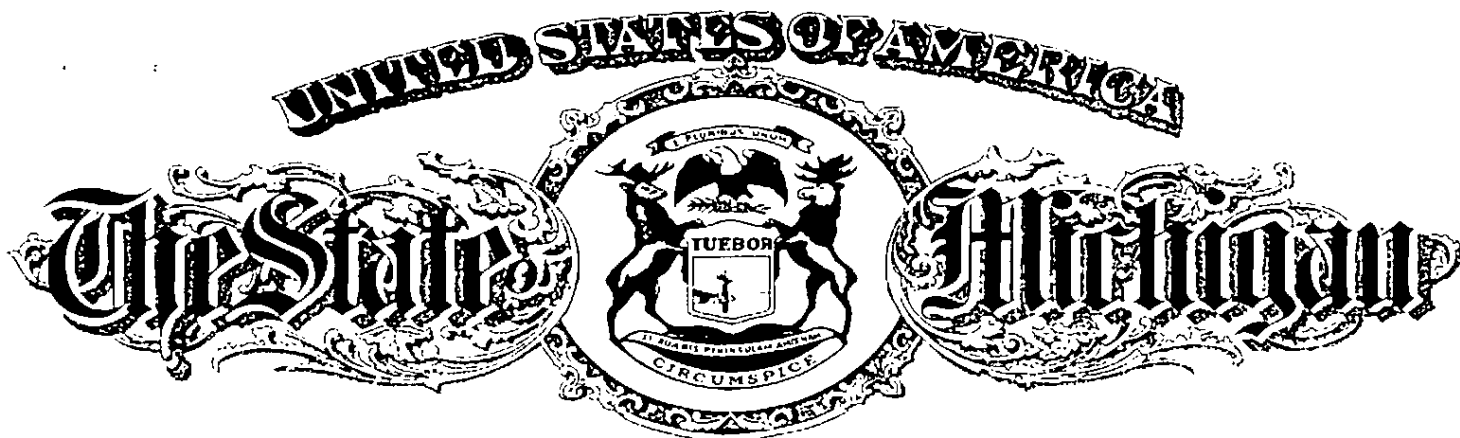
Treasurer: Timothy A. Peterson
Address: 1515 South Federal Highway, Suite 300, Boca Raton, FL 33432

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

12. ☒  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Joel L. Altman, Director  _____
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PM SERVICES, INC.

was validly incorporated on January 27, 1970 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other
purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18087614520

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 29th day of August, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau