F21000000296

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 614095 7185439

AUTHORIZATION

COST LIMIT : (/\$\\7.0.00

ORDER DATE: January 13, 2021

ORDER TIME : 8:34 AM

ORDER NO. : 614095-010

CUSTOMER NO: 7185439

FOREIGN FILINGS

NAME: VEMO SERVICING CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	Vemo Servicing Corp.		
	Name of	corporation -	must include suffix
Dear Sir or M	adam:		
"Certificate of		Good Stand	uthorization to Transact Business in Florida." ing" and check are submitted to register the s in Florida.
Please return a	all correspondence concerning	, this matter t	o the following:
Renée Mang			
		Name of P	erson
Vemo Servicin	g Corp.		
_		Firm/Comp	any
640 Brooker C	reek Blvd., Suite 405		
		Addres	S
Oldsmar, FL 3	4677		
 	(City/State and	d Zip code
renee@vemose	ervicing.com		
	E-mail address: (to be used fo	r future annual report notification)
For further int	ormation concerning this mat	ter, please ca	II:
Linh Su	at	703	456-8036
Name	e of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	
	check for the following amounteck payable to: FLORIDA DEPing Fee	ARTMENT (Fee & □	DF STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

(If name unavail	able in Florida, enter alternate corporate name ad	iopted for the purpose of transacting b	business in Florida)	
2. Delaware	3.			
(State or count	y under the law of which it is incorporated)	(FEI number, if appli	icable)	
4. 11/12/2020	5. P	Perpetual		
(Date	5. cof incorporation)	(Date of duration, if other tha	in perpetual)	
6. Upon filing				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502))	
7 640 Brooker Cre	ek Blvd., Suite 405, Oldsmar, FL 34677			
	(Principal office	street address)		
	(Current mailing	address, if different)		
	_		2021	
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O.)		2021 Jap	
8. Name and <u>stree</u> Name:	_		2021 J&N 11	-71 -21 -21
Name:	et address of Florida registered agent: (P.O.)		2021 JAN 14 J	7.5 7.5
	et address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	· === '	
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street		2021 JAN 14 AH 9: 00	

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.

A. DIRECTORS			Shanaz Chowdhery
Chairman	Name: Kate Cody	□ Chairman	Name:640 Brooker Creek Blvd, Ste 405
□Vice Chairman	Address:	□Vice Chairman	Address:Oldsmar, FL 34677
Director	Oldsmar, FL 34677	Director	
□President		□ President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	☐Treasurer
□Other	Other	Other	(]Other
∩Chairman	Renée Mang	□ Chairman	Name:
	640 Brooker Creek Blvd, Ste 40	□Vice Chairman	Address:
Director	Oldsmar, FL 34677	□Director	
■ President		□President	
□Vi∞ Presiden	t	□Vice President	
Secretary	□Treasurer	Secretary	☐ Treasurer
BOther	☐ Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
	an Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice Preside	nt	□ Vice President	
Secretary	☐Treasurer	Secretary	☐ Treasurer
Other	Other	Other	
The officer or she is aware to s.817.155, F.S	director signing this document (and who is listed in nu hat false information submitted in a document to the De	tor or Officer	hat the facts stated herein are true and that he of
13. <u>Herice</u>	(Typed or printed name and capacity of	person signing applicatio	n)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VEMO SERVICING CORP." 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 THIRTEENTH DAY OF JANUARY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VEMO SERVICING CORP." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202281849

Date: 01-13-21