

L08000053023

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
PORTFOLIO MANAGEMENT OUTSOURCING SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$382.50

J. BRYAN
AUG 20 2010
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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TALLAHASSEE, FLORIDA

DOCUMENT # L08000053023

1. Limited Liability Company's Name

PORTFOLIO MANAGEMENT OUTSOURCING SOLUTIONS, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
2015 VAUGHN ROAD

3. Mailing Office Address
2015 VAUGHN ROAD

Suite, Apt. #, etc.

BLDG 400

Suite, Apt. #, etc.

BLDG 400

City & State

KENNESAW, GEORGIA

City & State

KENNESAW, GEORGIA

Zip

30144

Country

USA

Zip

30144

Country

USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 05/29/2008

6. FEI Number
26-2712102

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Connie Bryan

Connie Bryan
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 08/19/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WILLIAM B. SHEPRO	2 RUE JEAN BERTHOLET	L-1233, LUXEMBOURG
MGR	ROBERT D. STILES	2 RUE JEAN BERTHOLET	L-1233, LUXEMBOURG
MGR	KEVIN J. WILCOX	2 RUE JEAN BERTHOLET	L-1233, LUXEMBOURG

REINSTATEMENT 2009-10

11. E-mail Address: teresa.denoncourt@ocwen.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Kevin J. Wilcox

Date 08/18/2010

Daytime Phone # +352 (2469) 7902

Typed or printed name of signing Managing Member/Manager Kevin J. Wilcox, Manager