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Florida Department of State

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FLORIDA/FOREIGN LIMITED LIABILITY

AMS Servicing, LLC

| Certificate of Status | 0 |
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| Page Count | 9/9 |
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August 6, 200B

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: BGS SERVICING, LLC

REF: W08000033042

We have received your document for BGS SERVICING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the name on the alternate name adopted on the Registered Agent Designation page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call $(850)\ 245-6067$.

Neysa Culligan Document Specialist FAX Aud. #: H08000170648 Letter Number: 308A00041095

P.O BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | AMS SERVICING, LLC | |
|-----|--|---------|
| | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| | BGS Servicina LLC | |
| (11 | f name unavailable, enter alternal name adopted for the purpose of transacting business in Florida and attach a copy of the writt | ten |
| ÇÕ | onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabitity | |
| Co | ompany," "L.L.C." "LLC.") | |
| ว | Delaware 3. 26-2215601 | |
| ۷٠. | (Jurisdiction under the law of which foreign limited hability (FEI number, if applicable) | |
| | company is organized) | |
| Δ | 02/28/2008 5. Purpetual | |
| 7. | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | |
| , | 7 S 8 | i , |
| O. | (Date first transacted business in Florida, if prior to registration.) | # |
| | (See sections 608.501 & 608.502 F.S. to determine penalty liability) | = |
| 7 | 190 Lawrence Bell Drive, Suite 104, Buffalo, NY 14221 | |
| 7. | | |
| | mg - | - |
| | (Street Address of Principal Office) | M 8: 31 |
| | | ن |
| 8. | . If limited liability company is a manager-managed company, check here 🗵 | _ |
| | | |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | |
| | 4 1 - 9 - (1 - 2-1 M - 1 1 7 0 - 17 0 17 0 0 - 20 - 1 0 0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 | |
| | Arbor Residential Mortgage, LLC, 150 E. 52nd Street, New York, NY 10011 | |
| | | |
| | | |
| | | |
| | | |
| 10 |). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records | in |
| | e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | |
| | inslation of the certificate under outh of the translator must be submitted.) | |
| | · · · · · · · · · · · · · · · · · · · | |
| 11 | 1. Nature of business or purposes to be conducted or promoted in Florida | |
| | | |
| | Servicing and purchase and sale of residential mortgage loans. | |
| | | |
| | | |
| | Signature of a member or an authorized representative of a member. | |
| | (in accordance with section 608.408(3), F.S., the execution of this document constitutes an utilization under the penaltics of perjury that the facts stated herein are true.) | |
| | | |
| | Ivan Kaufman, Managing Member | |
| | Typed or printed name of signee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| i. The name of th | e Limited Liability Comp | oany is: | | |
|--------------------|-----------------------------|-----------------------|----------------------|----------------------|
| AMS Servicing, LLC | | | | |
| If name unavailabl | le, the alternate name to b | oe used in the state | of Florida ls: | |
| <u>865 Sca</u> | vicing, LLC | | | |
| 2. The name and t | the Florida street address | of the registered a | gent and office are: | SECULE OF THE SECULE |
| | CI | Corporation System | | 表現 二 |
| _ | | (Name) | | E SE |
| | 1200 | South Pine Island Ros | nd | 77.57 83 |
| - | Florida Street Add | iress (P.O. Box NOT | ACCEPTABLE) | 3 |
| | Plantation | FL | 33324 | - |
| | | City/State/Zip | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System

Marc St. Pierre

Vice President and Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing |
|--|
| Members of AMS Servicing, LLC |
| (Name of Limited Liability Company) |
| a limited liability company duly organized and existing under the laws of |
| Delaware |
| (State or Country of Organization) |
| Because the name of this foreign limited liability company does not satisfy the |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the |
| following name to transact business in the state of Florida: |
| BGS Servicing, LLC |
| (Name to be used by limited liability company in Florids. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) |
| Date: 8 4 18 |
| Signature(s) of Manager(s) and/or Managing Member(s): |
| (Xe) |
| Ivan Kauman, Managing Member |
| |
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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMS SERVICING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMS SERVICING, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2008.

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

4511438 8300

080663314

ou may verify this cortificate online of corp. delaware.gov/authver.shtml

Darriet Smith Hindren

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6636231

DATE: 06-04-08