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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
FEB 1 3 2009
EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: HUDSON SERVICING SOLUTIONS, LLC	2		
(Name of Limited Liability Company)			
	pility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited		
Please return all correspondence concerning this ma	atter to the following:		
Patricia Torres			
(Nar	ne of Person)		
Central Licensing Bureau			
(Firm/Company)			
1501 N University #550	·.		
(Address)			
Little Rock AR 72207			
(City/State and Zip Code)			
For further information concerning this matter, plea	se call:		
Patricia Torres	_ at (501) 664-8044		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
rananassee, r d 32314	Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\sum{1}\$\$125.00 Filing Fee \$\sum{1}\$\$\$ Certificate of \$\sum{1}\$\$	\$155.00 Filing Fee & \$\infty\$\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HUDSON SERVICING SOLUTIONS, LLC				
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of to consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lia Company," "L.L.C.," "LLC.")				
2. New York  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 262039441  (FEI number, if applicable)	<u></u>			
4. 09/13/2007  (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease the exist or "perpetual")	<del>.</del>			
6	- - DIV			
7. 6 Harrison St, 5th Flr	SECR			
New York, New York 10013	, 系统 异苯			
(Street Address of Principal Office)	527			
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:				
Edward Nugent, 6 Harrison St., 5th Flr, New York, NY 10013	_			
	<u> </u>			
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under oath of the translator must be submitted.)				
11. Nature of business or purposes to be conducted or promoted in Florida: The business of insurance,	<del></del>			
functioning as insurance agency	<u>_</u> .			
Edward Nugenty				
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 affirmation under the penalties of perjury that the facts stated herein are true.)  Edward Nugent Jr.				

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.

1. The name of the Limited Liability Company is:				
HUDSON SERVICING SOLUTIONS, LLC				
If name unavailable, the alternate name to be used in the state of Florida is:				
2. The name and the Florida street address of the registered agent and office are:				
Registered Agents Legal Services, LLC				
	(Name)			
	155 Office Plaza Drive Suite A			
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Tallahassee FL	32301		
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. Registered Agents Legal Services, LC

By: Signature)

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

## State of New York Department of State } ss:

I hereby certify, that HUDSON SERVICING SOLUTIONS LIMITED LIABILITY COMPANY a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/13/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of January two thousand and nine.

Special Deputy Secretary of State

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