Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090001623993)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this

page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

fax Number

: (850)878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CenterStreet Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

T. CLINE

JUL 15 2009

EXAMINE

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 6085B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMITED LIMITED TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	CenterStreet Solutions LLC	
_	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wasent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability or "L.L.C," "LLC.")	ritten Y
2.	Delaware 3.	
(1)	Jurisdiction under the law of which foreign limited liability ompany is organized) (FEI number, if applicable)	
л	JUNE 76, 2009 5 2059	
4, .	JUNE 26, 2004 (Date of Organization) (Duration: Year limited liability company will ecase to exist or "perpetual")	,
6.	*	= =
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penulty liability)	<u>-</u>
7. 1	625 Madison Avenue, 5th Ploor	
		元
	New York, NY 10022 (Street Address of Principal Office)	بې
	(sited Address of Finish of the state)	$\mathcal{S}_{\mathcal{S}}$
8	If limited liability company is a manager-managed company, check here	
0 -	The name and usual business addresses of the managing members or managers are as follows:	
	Marc D. Schnitzer 625 Madison Avenue, New York, NY 10022	
•	Mail D. Schmizer 025 Madison Avenue, New York, 141 10022	
1	Paul G. Smyth, 625 Madison Avenue, New York, NY 10022	
	Robert L. Levy, 625 Madison Avenue, New York, NY 10022	
draj	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of according to the certificate is in a foreign language, a slation of the certificate under cath of the translator must be submitted.)	dsin
11.	Nature of business or purposes to be conducted or promoted in Florida:	
_	Loan Servicing and special loan servicing	
	16 por	
	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.)	
	Steven A. Boodo	
	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.

	LC
If unavailable, the alternate to be used in the state of Floric	da is;
2. The name and the Florida street address of the registere	ed agent and office are:
C T Corporation Syst	F8 9
(Name)	AHASSE TARY
	Pood
1200 South Pine Island	AUAU
Florida Street Address (P.O. Box N	OT ACCEPTABLE)
Florida Street Address (P.O. Box N	OT ACCEPTABLE) FOR AM ORA ORA ORA ORA ORA ORA ORA O

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.

By: CT Corporation System Connie Bryan

(Signature) & 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTERSTREET SOLUTIONS 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 FIRST DAY OF JULY, A.D. 2009.

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

SECRETARY OF STATE

4703788 8300

090666149

You may verify this cartificate online at corp.delaware.gov/authver.shtml AUTHENTICATION: 7395697

DATE: 07-01-09