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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| , | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only

G. MCLEOD

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EXAMINER



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Ursula Baca Licensing Analyst 8742 Lucent Blvd., Ste. 300 Highlands Ranch, CO 80129 Direct: (720) 241-7445 Email: Ursula.baca@sls.net

August 7, 2009

Florida Department of State Division of Corps, Reg. Section P.O. Box 6327 Tallahassee, FL 32314

RE: Specialized Asset Management LLC
Application for Authority to Do Business

To Whom It May Concern:

Please find attached on behalf of Specialized Asset Management LLC ("SAM") the following documents in relation to SAM's application for authority to do business in the State of Florida.

- Application to Transact Business for a Foreign Limited Liability Company
- Check Number 5242 in the amount of \$125.00
- Delaware Certificate of Good Standing

Thank you in advance for your quick attention to this matter. Should you need any further information, please do not hesitate to contact me directly.

Sincerely,

Ursula Baca

enclosures

COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Specialized Asset Management LLC | | | | |
| Name of Limited Liability Company | | | | |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Ursula Baca | | | | |
| Name of Person | | | | |
| Specialized Loan Servicing LLC | | | | |
| Firm/Company | | | | |
| 8742 Lucent Blvd., Suite 300 | | | | |
| Address | | | | |
| Highlands Ranch, CO 80129 | | | | |
| City/State and Zip Code | | | | |
| ursula.baca@sls.net | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Ursula Baca at (720) 241-7445 | | | | |
| Name of Person Area Code & Daytime Telephone Number | | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$ \$155.00 Filing Fee & \$\int \text{\$160.00 Filing Fee, Certificate 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. | Specialized Asset Mar (Name of Foreign Limited Liability Company; must include "L | nagement LLC mited Liability Company," "L.L.C.," or "LLC.") | _ |
|-----|--|--|--------------|
| ÇOI | name unavailable, enter alternate name adopted for the purpose of t isent of the managers or managing members adopting the alternate mpany," "L.L.C," "LLC.") | | |
| 2. | Delaware 3 | 26-2450312 | |
| - 7 | Jurisdiction under the law of which foreign limited liability company is organized) | 26-2450312 (FEI number, if applicable) | _ |
| 4. | 04/14/08 5. | Perpetual | |
| ••• | (Date of Organization) (I | Perpetual Puration: Year limited liability company will cease to cist or "perpetual") |) |
| 6. | n/a | • | <u> </u> |
| | (Date first transacted business in Florida, (See sections 608.501 & 608.502 F.S. to det | ermine nenalty liability) | LISTA DEC |
| 7 | 8742 Lucent Blvd., Suite 575 | AUG | 至壽 |
| • | | 24 | |
| | Highlands Ranch, CO 80129 (Street Address of Pringer) | cipal Office) | _ |
| 8. | If limited liability company is a manager-managed comp | | |
| | | | ١ |
| 9. | The name and usual business addresses of the managing | members or managers are as follows: | • |
| | John C. Beggins, 8742 Lucent Blvd. #300, Highlar | ds Ranch, CO 80129 | |
| | Ali Haralson, 8742 Lucent Blvd. #300, Highlands F | Ranch, CO 80129 | |
| | Toby Wells, 8742 Lucent Blvd. #300, Highlands R | anch, CO 80129 | _ |
| the | Attached is an original certificate of existence, no more than 90 days of jurisdiction under the law of which it is organized. (A photocopy is not slation of the certificate under oath of the translator must be submitted.) | acceptable. If the certificate is in a foreign language, a | |
| 11 | . Nature of business or purposes to be conducted or pron | noted in Florida: | _ |
| | Real estate asset ma | nagement | _· |
| | a. I Ban | v | |
| | Signature of a member or an authoriz (In accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury tha | execution of this document constitutes | |
| | John C. Beggins, P | | |
| | Typed or printed nam | | |

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: | | | | |
|--|--|--|--|--|
| Specialized Asset Management LLC | | | | |
| If unavailable, the alternate to be used in the state of Florida is: | | | | |
| 2. The name and the Florida street address of the registered agent and office are: | | | | |
| Capitol Corporate Services, Inc. | | | | |
| (Name) | | | | |
| 155 Office Plaza Dr., Ste. 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.

Ollanie Case asst-sec.

\$ 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 "SPECIALIZED ASSET MANAGEMENT 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 EIGHTEENTH DAY OF AUGUST, A.D. 2009.

4533586 8300

090763040

AUTHENTY CATION: 7481750

DATE: 08-18-09

You may verify this certificate online at corp.delaware.gov/authver.shtml