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M. THOMAS

SEP - 8 2009

EXAMINER



Florida Division of Corporations New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

August 31, 2009

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Default Servicing Solutions, LLC. Please note I have included a stamped self addressed envelope for return proof of filing for your convenience. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions, please feel free to call me at 770-5876.

Please mail any correspondence to: Cornerstone Support, Inc. Attn: Janet Teague 11111 Houze Rd, Suite 200 Roswell, GA 30076

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Sincerely,

Janet Teague

Licensing Specialist

Cornerstone Support, Inc.

nae unnort.com

COVER LETTER

_	tration Section on of Corporations		
SUBJECT:	Default Servicing	Solutions, LLC	
SOUDET.	(Name of L	imited Liability Company)	
Florida," Cert		Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited	
Please return	all correspondence concerning this	matter to the following:	
	J	anet Teague	
	(1	Name of Person)	
Cornerstone Support, Inc.		Name of Person) Perstone Support, Inc.	
	(I	Firm/Company)	
	11111	Houze Road, Suite 200 (Address)	
		(Address)	
	Ros	swell, GA 30076	
	(City/	State and Zip Code)	
For further inf	formation concerning this matter, p	lease call:	
J	anet Teague	at (770)587-4595	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
MAIL	ING ADDRESS:	STREET ADDRESS:	
Division of Corporations		Division of Corporations	
	ox 6327	Clifton Building	
Tallah	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: .00 Filing Fee \$\square\$		

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: **Default Servicing Solutions, LLC** (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) 04/18/2005 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 20 N. Main St., Albion, NY 14411 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: Michael F. Sullivan - MGR - 6560 Greenwood Plaza Blvd., Englewood, CO 80111 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) **Debt Collections** 11. Nature of business or purposes to be conducted or promoted in Florida:

Michael F. Sullivan

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.)

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: Default Servicing Solutions, LLC		
2.	The name and the Florida street address of the registered agent and office are:		. •
	Registered Agent Solutions, Inc.	2009 SEP	n
	(Name)	一題。	
	155 Office Plaza Dr., Suite A	ARY A	m
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- For B	Y
	Tallahassee, FL 32301 City/Statc/Zip	ORIGINA ORIGINA	

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Default Servicing Solutions, LLC

is a Limited Liability Company formed or registered on 04/18/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051160145.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/20/2009 that have been posted, and by documents delivered to this office electronically through 08/25/2009 @ 10:05:18.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed authenticated issued, delivered and communicated this official certificate at Denver, Colorado on 08/25/2009 10:05:18 pursuant to and in accordance with applicable law. This certificate is assigned confirmation Number 7443656.



Janie Buscher

Secretary of State of the State of Colorado

***********End of Certificate***************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."