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C. LEWIS

Det. 7, 2009

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: | SingleSour | ce Property Solutions, LLC. | |
|------------------|--|---|--|
| | | ame of Limited Liability Company | |
| | | ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida | |
| Please return al | correspondence concerning this r | matter to the following: | |
| | | Kristi M. Shoenberger | |
| | | Name of Person | |
| | Single | Source Property Solutions, LLC | |
| | | Firm/Company | |
| | 333 Technology Drive, Suite 102 | | |
| | | Address | |
| | Canonsburg, PA 15317 | | |
| | | City/State and Zip Code | |
| | kshoenb | erger@singlesourceproperty.com | |
| D 6.4 1.6 | | (to be used for future annual report notification) | |
| For further info | rmation concerning this matter, ple | ease call: | |
| | N CD | at () Area Code & Daytime Telephone Number | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| | ING ADDRESS: | STREET ADDRESS: | |
| | on of Corporations ration Section | Division of Corporations Registration Section | |
| | ox 6327 | Clifton Building | |
| | assee, FL 32314 | 2661 Executive Center Circle | |
| | | Tallahassee, FL 32301 | |
| Enclosed is a | check for the following amo | ount: | |
| ✓ \$12: | 5.00 Filing Fee \$130.00 Fili Certificate | · — · — · | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2009

KRISTI M. SHOENBERGER / SINGLESOURCE PROPERTY SOLUTIONS 333 TECHNOLOGY DR. SUITE 102 CANONSBURG, PA 15317

SUBJECT: SINGLESOURCE PROPERTY SOLUTIONS, LLC.

Ref. Number: W09000043680

We have received your document for SINGLESOURCE PROPERTY SOLUTIONS, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 009A00031796

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: SingleSource Property 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 the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized) 03/05/2004 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 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: Brian Uffelman, Shawn McCall, Brian Cullen Andres Lacouture 333 Technology Drive, Suite 102, Canonsburg, PA 15317 for all Managers 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.) 11. Nature of business or purposes to be conducted or promoted in Florida: Asset Management and Settlement Services Signature of a member or an authorized apresentative 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.) Kristi M. Shoenberger 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 Limite | d Liability Company is: | |
|-------------------------------|--|-----------------|
| S | ingleSource Property Solutions, LLC. | |
| If unavailable, the alternate | e to be used in the state of Florida is: | |
| 2. The name and the Florid | da street address of the registered agent and office are | |
| | InCorp Services, Inc. | TALLAR TO SECUL |
| | (Name) | 一題了一 |
| | 17888 67th Court North | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| | Loxahatchee, FL 33470 City/State/Zip | DATE OR TOTAL |

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.

ull or behalf of Incorp Services, Inc.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 4, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SINGLESOURCE PROPERTY SOLUTIONS, LLC.

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 8287439-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp