Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company AMM Servicing, LLC

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Corporate Filing Menu

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EXAMMER



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Facsimile Transmittal Coversheet

DATE:

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FIRM/COMPANY:

FL Dept of State

ATTENTION:

(Forman-AMM Servicing)

FACSIMILE NUMBER:

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OUR FILE NUMBER:

09999-0504

FROM:

Marci Shaffer

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MESSAGE (if any):

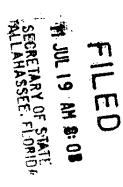
Marci Shaffer Paralegal 350 East Las Olas Boulevard Suite 1000 Fort Lauderdale, FL 33301 Telephone: (954) 525-9900 Fay: (954) 523-2872

Fax: (954) 523-2872 Direct Line: (954) 712-5161

E-mail: MShaffer@bergersingerman.com

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

IN COMPLIANCE WITH SECTION 608593, FLORIDA STATUTES THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AMM Servicing, LLC

(Name of Roysley Limited Capilley Company must be bade it habited to be like to be a foreign Limited Capilley Company must be bade it habited to be like to be a foreign Limited Capilley Company must be bade it habited to be like to be a foreign Limited Capilley Company must be bade it habited to be like to be a foreign Limited Capilley Company must be bade it habited to be like to be a foreign Limited Capilley Company must be bade it habited to be a foreign Limited Capilley Company must be bade it habited to be a foreign Limited Capilley Company must be bade it habited to be a foreign Limited Capilley Company must be bade it habited to be a foreign Limited Capilley Company must be bade it habited to be a foreign Limited Capilley Company must be bade it has been company must be bade it habited to be a foreign Limited Capilley Company must be bade it habited to be a foreign Limited Capilley Company must be bade it habited to be a foreign Limited Capilley Company must be baded to be a foreign Limited Capilley Company must be baded to be a foreign Limited Capilley Capilley

(Name of Poreign Limited Limbility 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," "LI.C." "LI.C."	
2. Delawere Ourisdiction under the law of which foreign limited liability Company is organized) (PBI number, if applicable)	
4. 11/24/2009 5. perpetual (Dute of Organization) (Duration Year limited liability company will cease to exact or "perpetual")	
6. upon filling (Date first transacted business in Plottde, If prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 888 SE 3rd Avenue, Sulte 501	•
Ft. Leuderdale, FL 93316	
(Stroot 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:	
M. Austin Forman	_

888 SE 3rd Avenue, Suite 501

Ft. Lauderdale, FL 33316

10. Attached is an original certificate of existence, no mare than 90 days old, duly authenticated by the official having custody of records in the junistiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tanalation of the certificate under eath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Ploride: to engage in any lawful

business permitted under the faring Limited Liability Company Act

Signature of a institute or an authorized representative of a member.

(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of podury that the face stated herein are true. I am aware that any fulse information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, P.S.)

M. Austin Forman, Manager

Typed or printed name of signee

© 07/19/2011 2:40 PM H11000184552

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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
AMM Servicing, LLC	and the second second second second
If unavailable, the alternate to be used in the state of Plorida is:	, A
	F. 2
2. The name and the Florida street address of the registered agent and office are:	THE THE
M. Austin Forman	SSEE.
(Natuo)	
888 SE 3rd Avenue, Sulte 501	S
Plorida Struct Address (P.O. Box NOT ACCEPTABLE)	9 S
Ft. Lauderdale FL 33316	
City/State/Zip	

17

\$\\ \delta 0.00 Filling Foo for Application

\$ 25.00 Designation of Rogistered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMM SERVICING, 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 NINETERNTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMM SERVICING, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED SECRETARY OF STATE PALLAHASSEE, FLOWID.

4757146 8300

110834524

You may verify this cortificate online at gorb. delaware.gov/authver.shtml

AUTHENTY CATION: 8910414

DATE: 07-19-11