

M11000004919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

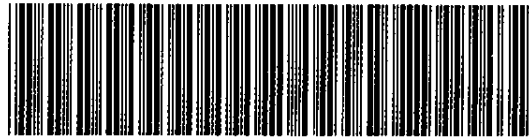
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SEP 30 2011

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11 SEP 29 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Springhouse, 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:

Brian Levine

Name of Person

Springhouse, LLC

Firm/Company

Two Cityplace Dr, Suite 70

Address

Creve Coeur, MO 63141

City/State and Zip Code

blevine@springhouseamc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Levine

Name of Person

at (314)

817-1284

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 ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Springhouse, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Springhouse Appraisal Management, 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.")

2. Missouri

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-2502755

(FEI number, if applicable)

4. April 25, 2008

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. September 2011

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2002 Summit Blvd, Suite 600

Atlanta, GA 30319

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

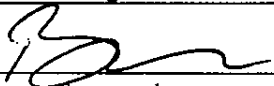
9. The name and usual business addresses of the managing members or managers are as follows:

See attached list

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: _____

Real Estate Appraisal Management Company



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Brian S. Levine

Typed or printed name of signee

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11 SEP 29 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Springhouse, LLC

If unavailable, the alternate to be used in the state of Florida is:

Springhouse Appraisal Management, LLC

2. The name and the Florida street address of the registered agent and office are:

Incorp Services, Inc.

(Name)

17888 67th Court North

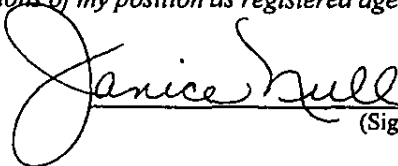
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Loxahatchee

FL 33470

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.

 on behalf of Incorp Services, Inc.
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

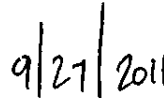
September 27, 2011

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

I, Brian Levine, do hereby certify that I am a Manager of Springhouse, LLC, a limited liability company duly organized and existing under the laws of the State of Missouri. Because the name of this foreign limited liability company was not available due to its similarity to another business located in the state of Florida, the limited liability company hereby adopts the following name to transact business in the state of Florida: Springhouse Appraisal Management, LLC. Should you have any questions or concerns regarding this matter, please contact me directly at (314)932-7722.



Signature of Manager



Date

Question 9 Cont.

Full Name of Officer	Official Title	% of Ownership	Residence Address
Altisource Portfolio Solutions, Inc.	100% Owner	100%	n/a
William B. Shepro	Manager	0%	25 Rue Michel Engles, L-1465 Luxembourg
Timothy C. Stern	President	0%	10 Frontenac Pl, St. Louis, MO 63131
J. Kevin Raney	Vice President	0%	6212 Colina Pacifica, San Clemente, CA 92673
Steven A. Nielsen	Vice President	0%	925 Checkered Way NW, Kennesaw, GA 30152
Michael D. Peretz	Vice President	0%	1755 Tralee Lane, Manchester, MO 63021
Brian S. Levine	Vice President	0%	8132 Cornell Ct, St. Louis, MO 63130
Robert W. McCallum, III	Treasurer	0%	3522 Cape York Trace, Alpharetta, GA 30022
F. Brian Schneiderman	Secretary	0%	10100 High Falls Pointe, Johns Creek, GA 30022

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**SPRINGHOUSE, LLC
LC0890692**

was created under the laws of this State on the 25th day of April, 2008, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 22nd day of July, 2011

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State

Certification Number: 14023737-1

Reference:

Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>

