Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Pax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Ocwen Capital Management, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

8656336092

6/28/2012

COVER LETTER

BJECT:]		Name of Limited Liability Company	•
		Liability Company for Authorization to Transact Business in Florida,	
	_	the above referenced foreign limited liability company to transact busin	ness in Fion
easo return s	all correspondence concerning th	us matter to the following:	
•	Kristen Wagner	·	
		Name of Person	
	Oowen Loan Servicing, LLC		
,		Firm/Company	
	1661 Wawkinston Band Suit		
	1661 Worthington Road, Suit	Address	
_	•		
	West Palm Beach, FL 33409		·
City/State and Zip Code		City/State and Zip Code	
	kristen,wagner@ocwen.com		
	E-mail addre	ss: (to be used for future annual report natification)	
further info	mnation concerning this matter,	please cati:	
Kristen	Wagner	at (561) 682-7011	
	Name of Person	Area Code & Daytime Telephone Number	
MAIL	ING ADDRESS:	STREET ADDRESS:	
Division of Corporations Registration Section		Division of Corporations Registration Section	
	adon Section ox 6327	Clifton Building	
	sscc, FL 32314	2661 Executive Center Cirole Tallahussee, FL 32301	

FL057 - 10/05/2010 C T 5ystem Online

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

IN COMPLIANCE WITH SECTION 608.518, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Ocwen Capital Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
ÇO	I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Limited Limited" ("LLC," "LLC.")		
2.	Dejaware 3. 65-0786824		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.	July 12, 2005 5. Perpetual		
•	(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	to	
6.	(Date first transacted business in Florida, if prior to registration.)	_	
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7.	1661 Worthington Road, Suite 100		
•	West Palm Beach, FL 33409		
	(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:		•
	William C. Erbey, 2002 Summit Boulevard, 6th Floor, Atlanta, GA 30319		
	Ronald M. Faris, 1661 Worthington Road, Suite 100, West Palm Beach, FL 33409	<u> </u>	
the j	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fineign language, slation of the certificate under oath of the translator must be submitted.)	record 8	sm
	Nature of business or purposes to be conducted or promoted in Florida: It is the general partner of a		
1	foreign limited liability company doing business within the state.	······	
	10M-7-		
	Signature of a member or an authorized representative of a member.	12	9
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	ر_ ح	SEI
	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.)	NUL	22
	Ronald M. Faris	28	OF CI
	Typed or printed name of signee	2	- CC 24:

FLOS? - 10/05/2010 C T System Online

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 Limit	ed Liability Company is:
Oowen Capital Management, 1	I.C
If unavailable, the alternat	e to be used in the state of Florida is:
2. The name and the Flori	da street address of the registered agent and office are:
C T Corpore	tion System
	(Name)
1200 South 1	Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation	FL 33324
<u></u>	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.

C T Corporation System

Ву;	Meser Creek	No. of Section 12 and Section 2
	(Signature)	Madonna Cuddihy Special Assistant Secretary

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

PLUS7 - 10/05/2010 C T Bysem Online

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUN 28 AM 7: 49

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OCWEN CAPITAL 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 TWENTY-SEVENTH DAY OF JUNE, A.D.
2012.

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

3998565 8300

120784377

You may varify this cartificate online at corp. delawars.gov/authvar.shtml

AUTHENTX CATION: 9674795

DATE: 06-27-12