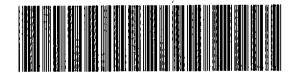
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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APPROVED AND FILED

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EXAMINER

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| CONTACT: | RICKY SOTO | | | |
| DATE: | 09/24/2012 | | | |
| REF. #: | 000852.173350 | | | |
| CORP. NAME: | SEA PAC PORTFO | <u>LIO, LLC</u> | | |
| () ARTICLES OF INCO () ANNUAL REPORT (XX) FOREIGN QUALIF) () REINSTATEMENT () CERTIFICATE OF C | () TRA | FICLES OF AMENDMENT ADEMARK/SERVICE MARK HITED PARTNERSHIP RGER | () ARTICLES OF DISSON () FICTITIOUS NAME () LIMITED LIABILITY () WITHDRAWAL | LUTION |
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| PLEASE RETUF | RN: | ATE OF GOOD STANDING | | , COPY |

Examiner's Initials

() CERTIFICATE OF STATUS

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: | | Sea Pa | ac Port | folio, LLC | | | | | |
|-------------------|--------------------------------|---|----------------|-------------------------------------|------------|---------------|---|---------------|--------|
| | | Name | of Limi | ted Liability (| Company | | | | |
| | | reign Limited Liabili ed to register the abo | | | | | | | |
| Please return all | correspondence | concerning this matte | er to the | following: | | | | | |
| | | | Ar | oril Smith | | | | | |
| | - | | Nai | ne of Person | | | | | |
| | | | 0 D | Modfella I | | | | | |
| | | | | Portfolio, L m/Company | LU | | | | |
| | | | | | | | | | |
| | | 220 Ne | wport (| Center Drive | #11-598 | | | | |
| | | | | Address | | | | | |
| | | Newport Beach | 1 | | CA | 92 | 2660 | | |
| | | | City/Sta | ite and Zip Co | de | | | | |
| | • | april@ | <u>@</u> marin | erscompan | les.com | | | | |
| • | | E-mail address: (to | | | | notification) | <u> </u> | 4 | |
| For further infor | mation concerni | ng this matter, please | call: | | | | |) EC | 123 |
| | | | | | | | | 至常 | SEP 24 |
| | | ril Smith of Person | A === | _ at (94 9 . Code & Dayt | | 274-8 | 1369 | 2 2000 | 26 |
| | ivanic | or r crson | A1 Ca | Code & Day | шие телери | ione Number | | | |
| | NG ADDRESS n of Corporation | | | T ADDRESS | | | | ****** | |
| | n of Corporation stion Section | | | of Corporation Section | ons | | | | Ċ. |
| P.O. Bo | | | | Building | | | | | C.A |
| Tallaha | ssee, FL 32314 | | | ecutive Centersee, FL 3230 | | | | Ţ.* | |
| Enclosed is a | check for the | following amoun | t: | | | | | | |
| | Filing Fee | \$130.00 Filing Fee Certificate of Statu | & : | \$155.00 Filing Certified Cop | | | ling Fee, Certificate & Certified Copy | | |

APPROVED

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:

| 1 | Sea Pac Portfolio, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | _ | |
|------------------|---|-----------------|------------|
| conse | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of tests of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lianpany," "L.L.C," "LLC.") | he writte | en |
| 2. (Ji | California 3. 45-4157991 Surisdiction under the law of which foreign limited liability ompany is organized) (FEI number, if applicable) | - . | |
| 4 | 12/19/2011 (Date of Organization) 5. Pertetual (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) | <u> </u> | |
| 7 | 220 Newport Center Drive #11-598 | . | |
| | Newport Beach CA 92660 | TAE! | 7 |
| _ | (Street Address of Principal Office) | 全部 | 20 |
| | If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Sea Pac - Borf-6 lie Manager, LLC | WEINKY OF SIMIC | 60:0148 hZ |
| - | 220 Newport Center Orive # 11-598 | 57 | ŭ |
| _ | Newport Beach, CA 92660 | | |
| the ju transl | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of surisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, slation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Residential loan purchase. | a | in |
| _ | 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.) | | |
| | April Smith Typed or printed name of signer | | |
| | 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 Lim | | ny is: c Portfolio, LLC | : | | |
|----------------------------|-------------------------------|--|-----------------------|------------------------------------|--------|
| If unavailable, the altern | | | | | |
| 2. The name and the Flo | orida street address o | f the registered | agent and office are: | 12 S | |
| | National Corp | orate Research (Name) | , Ltd., Inc. | FILE EP 24 RETARY AHA:SSE | APPRO! |
| | 155 C Florida Street Addre | Office Plaza Drivess (P.O. Box <u>NO</u> | | AMIO: 09 OF STATE ELFLORIDA | |
| | Tallahassee | TT | 32301 | jt.* | |

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.

City/State/Zip

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SEA PAC PORTFOLIO, LLC

FILE NUMBER:

201135310328

FORMATION DATE:

12/19/2011

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

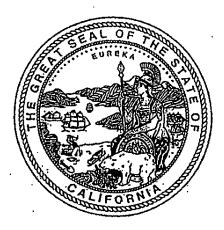
STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 20, 2012.

DEBRA BOWEN
Secretary of State