| (Address) | | | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| JAN 1 4 2019, | | | | | | |
| L. SELLERS | | | | | | |
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Office Use Only



700241895687

RECEIVED

13 JAN 11 PM 1: 50

JAN II PH II: 00



ACCOUNT NO. : I2000000195

REFERENCE: 457677 7539224

AUTHORIZATION :

COST LIMIT : (\$\)125.00

ORDER DATE: December 13, 2012

ORDER TIME : 10:40 AM

ORDER NO. : 457677-045

CUSTOMER NO: 7539224

FOREIGN FILINGS

NAME: SOLUTIONSTAR REALTY SERVICES

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER:

CR2E027 (9/10)

COVER LETTER

| то: | | ration Section on of Corporations | | | |
|--------|------------------------------|---|---|--|--|
| t dita | | olutionstar Realt | | | |
| SOBI | EC1 | | Name of L | mited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | | | | | ansact Business in Florida," Certificate of y company to transact business in Florida |
| Please | return al | l correspondence o | concerning this matter to t | he following: | |
| | | Justin Sauls | | | |
| | | | 7 | Name of Person | |
| | | Solutionstar Re | ealty Services LLC | | |
| | | |) | Firm/Company | |
| | | 350 Highland I | Drive | | |
| | | \(\frac{1}{2}\) | | Address | , , , , , , , , , , , , , , , , , , , |
| | | Lewisville, TX | 75067 | | |
| | | | City/ | State and Zip Code | |
| | | justin.sauls@na | ationstarmail.com | | |
| | | , | E-mail address: (to be us | ed for future annual report not | fication) |
| For fu | irther info | rmation concernin | g this matter, please call: | | |
| | Justin | n Sauls | | 817 723-6 | |
| | | Name | of Person A | at () | e Number |
| | Division Regist P.O. B | ING ADDRESS: on of Corporations ration Section Sox 6327 assee, FL 32314 | Divis Regis Clifto 2661 | EET ADDRESS: ion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301 | |
| Encle | | a check for the 1 25.00 Filing Fee | following amount: \$\Bigsize \$\sum \text{\$\exitit{\$\text{\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{ | ☐ \$155.00 Filing Fee & Certified Copy | S160.00 Filing Fee, Certificate of Status & Certified Copy |

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIARILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA

| CALCADIANT CONTRACT DOSESTED BY III. | IE STATEOT PROMIDA. | | | | | | | | |
|--|---|--|--|--|--|--|--|--|---|
| 1. Solutionstar Realty Services LLC | | | | | | | | | |
| (Name of Foreign Limited Liability Company; must inch | ude "Limited Liability Company," "L.L.C.," or "LLC.") | | | | | | | | |
| | | | | | | | | | |
| | ose of transacting business in Florida and attach a copy of the written | | | | | | | | |
| consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.") | ernate name. The alternate name must include "Limited Lizability | | | | | | | | |
| Delaware | ₃ 46-1318222 | | | | | | | | |
| 2. (Jurisdiction under the law of which foreign limited liability | 3. (FEI number, if applicable) | | | | | | | | |
| company is organized) | (I El numoci, il applicable) | | | | | | | | |
| 11/02/2012 | 5. perpetual | | | | | | | | |
| (Date of Organization) | (Duration: Year limited liability company will cease to | | | | | | | | |
| , | exist or "perpetual") | | | | | | | | |
| 6. Upon :filing | | | | | | | | | |
| 6. Upon:filing (Date first transacted business in Fl (See sections 608.501 & 608.502 F.S.) | lorida, if prior to registration.) | | | | | | | | |
| · | s, to determine penarty habitity) | | | | | | | | |
| 7. 350 Highland Drive, Lewisville, TX 75067 | | | | | | | | | |
| | | | | | | | | | |
| (Street Address | s of Principal Office) | | | | | | | | |
| Çouest Madies. | of Chicopal 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: | | | | | | | | | |
| | | | | | | | | | Nationstar Mortgage LLC, 350 Highland Drive, Lewisville, TX 75067 |
| · | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Management of the second secon | | | | | | | | | |
| 10. Attached is an original certificate of existence; no more than 9 | O days old, duly authenticated by the official having custody of records i | | | | | | | | |
| the jurisdiction under the law of which it is organized. (A photoco | | | | | | | | | |
| translation of the certificate under oath of the translator must be su | | | | | | | | | |
| 11 Nation of the control of the conducted of | To provide business processing | | | | | | | | |
| 11. Nature of business or purposes to be conducted of | • | | | | | | | | |
| services, technology and other related products in connection | on with consumer loan origination and servicing. | | | | | | | | |
| 2 State Eliz | 2.11. | | | | | | | | |
| | | | | | | | | | |
| , | uthorized representative of a member. | | | | | | | | |
| | ecution of this document constitutes an affirmation under the rue. I am aware that any false information submitted in a | | | | | | | | |
| | es a third degree felony as provided for in s.817.155, F.S.) | | | | | | | | |
| Elizabeth Giddens | | | | | | | | | |

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 Limited Liability Cor | npany is: | | | | |
|----------------------------------|--|--|--|--|--|--|
| Solutionstar Realty Services LLC | | | | | | |
| lf unavailable | e, the alternate to be used in | the state of Florida is: | | | | |
| 2. The name | and the Florida street address | ss of the registered agent and office are: | | | | |
| | Corporation Service Company | | | | | |
| | (Name) | | | | | |
| | 1201 Hays Street | | | | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | | |
| | Tallahassee | FL 32301 | | | | |
| | | 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.

Corporation Service Company

By: Company

(Signature)

Michele L. Abbott

Assistant Vice President

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

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOLUTIONSTAR REALTY SERVICES 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 EIGHTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLUTIONSTAR REALTY SERVICES LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5234016 8300

130025103

You may verify this certificate online at corp. delaware, qov/authver.shtml

AUTHENTY CATION: 0128873

Jeffrey W. Bullock, Secretary of State

DATE: 01-08-13