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MSF REO I, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

SUBJECT:	BJECT: MSF REO I, LLC Name of Limited Liability Company				
•					
The enclosed "Ap Existence, and ch	plication by Foreign Limited eck are submitted to register t	Liability Company for Authorizat the above referenced foreign limite	ion to Transact Business in Florida," (ed liability company to transact busine	Certifi ess in F	
lesse return all c	correspondence concerning this	is matter to the following:			
		April Smith			
_		Name of Person			
,		MSF REO I, LLC			
		Firm/Company			
		1303 Avocado Ave #200			
Address					
	Newport B		92660		
		City/State and Zip Code			
		rations@marinerscompanies s: (to be used for future annual rep			
or fivilher informe	dion concerning this matter, p	•	on nonneation,		
or fataler miorin	aton concerning this matter, p	nease can.			
	April Smith	at (<u>949</u>)	274-8369		
	Name of Person	Area Code & Daytime Te	lephone Number		
Division o Registration		STREET ADDRESS: Division of Corporations Registration Section			
P.O. Box (Taliahasse	5327 c, FL 32314	Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301	:		
nclosed is a che	eck for the following amo	ount:			
\$125.00 Fi	ling Fee \$130.00 Filing		\$160.00 Filing Fee, Certificate		

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: MSF REO I, LLC (Name of Foreign Limited Liability 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," "L.L.C," "LLC.") Delaware 2. Detaware
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 04/05/2010 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 04/05/2010 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1303 Avocado Ave Suite #200 92660 **Newport Beach** (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: **Newport Beach** 92660 **Mariners Companies** 1303 Avocado Ave #200 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; Purchase, Manage, Sale of real estate loans and REO properties 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 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 Compa	ıny is:		
MS	F REO I, LLC		
If unavailable, the alternate to be used in the	state of Florida	a is:	
2. The name and the Florida street address of	f the registered	fagent and office are:	7 SE
National Corp	orate Researci	h, Ltd., Inc.	題复四
	(Name)		額の品
155 Office Plaza Drive			MA E P
Florida Street Addre	ss (P.O. Box <u>NO</u>	<u>PT</u> ACCEPTABLE)	9: 00
Tallahassee	FL	32301	F-14
	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.

by A Sutter, Asst. Dec

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MSF REO I, 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 SIXTEENTH DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSF REO I, LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2010.

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

4807600 8300

130057104

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 0149015

DATE: 01-16-13

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