# M13000000862

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B. BOSTICK

FEB 1 1 2013

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE : 525163

4300123

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE: February 7, 2013

ORDER TIME : 2:44 PM

ORDER NO. : 525163-010

CUSTOMER NO: 4300123

#### FOREIGN FILINGS

NAME: FREO (TAMPA), LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:

13 FEB -8 AN 10: 48

### 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ш	MITED TABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	FREO (TAMPA), LLC
	(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇOI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
7	Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 46-0562523  (FEI number, if applicable)
4.	July 3, 2012  (Date of Organization)  5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6	upon registration
o.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	900 Third Avenue, Suite 1100
	New York, NY 10022
	(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:
	FUNDAMENTAL REO, LLC (sole member)
•	900 Third Avenue, Suite 1100
	New York, NY 10022
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a solution of the certificate under oath of the translator must be submitted.)
11.	. Nature of business or purposes to be conducted or promoted in Florida:
	to manage real property
	9 deather B. Hoperins
	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.)  Heather Honkins, Authorized Person.

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 Lin	nited Liability Comp	oany is:				
FREO (TAMPA), LLO	<u> </u>					
If unavailable, the alter	rnate to be used in the	e state of Florida is:			,	
2. The name and the F	lorida street address	of the registered agent	and office are:			
Blumb	ergExcelsior Corpora	ate Services, Inc.		. 4		
		(Name)		- SEGIL	13 FI	
155 Office Plaza Drive, 1st Floor			œ			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			- क्रिक एक्ट एक्ट	-8	Clean	
Tallah	assee	FL 32301 City/State/Zip		FLOR	AM IO:	Ë
		City/Guid-Zip	•	Dri	8	
Having been named as i liability company at the agent and agree to act it relating to the proper ar obligations of my position Blumb	place designated in th n this capacity.  I furti ud complete performa	his certificate, I hereby ther agree to comply with ince of my duties, and I to as provided for in Chaps Services, Inc.	accept the appoint h the provisions of am familiar with a	ment as re fall statut ind accept	egister tes	ed
zelin	/	istant Secretar	Y			٠
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Applic Designation of Regi Certified Copy (opti Certificate of Status	stered Agent onal)			

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "FREO (TAMPA), 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 SEVENTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREO (TAMPA),

LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2012.

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

TALLAHASSEF STATE

5178888 8300

130145131

Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 0201425

DATE: 02-07-13

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