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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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TALLAHASSEE, FLORIDA

****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
LPS Applied Analytics, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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J. BRYAN

2/19/2013

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

CRA0027 (9/12)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LPS Applied Analytics, LLC**

Name of Limited Liability Company

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Existence, and check are submitted to register the above-referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

April Johnson

Name of Person

LPS

Firm/Company

601 Riverside Avenue

Address

Jacksonville, FL 32204

City/State and Zip Code

april.johnson@lpsves.com

E-mail address (to be used for future annual reports and elections)

For further information concerning this matter, please call:

April Johnson

904

854-5256

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Ellinger Building
2601 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$150.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. LPS Applied Analytics, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, alternative name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managing or managing members adopting the alternative name. The alternative name must include "Limited Liability
Company," "LLC," "LLP,"

2. Delaware

3. 27-3732223

(Jurisdiction under laws of which foreign limited liability
company is organized)

(EIN number, if applicable)

4. 10/09/2010

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will exist or "perpetual")

6. _____

(Address for transacting business in Florida (prior to registration)
(See section 608.501 & 608.502 for determination of penalty liability)

7. 601 California Street, Suite 930

San Francisco, CA 94108

(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:

Lender Processing Services, LLC

601 Riverside Avenue

Jacksonville, FL 32204

10. Attached is an original certificate of existence, not 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 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:

Provider of risk management data and analytic tools to the mortgage industry.

April L. Johnson
Signature of a member or an authorized representative of a member

(In accordance with section 608.404(5), F.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true to the best of the knowledge of the signatory. Any false information submitted in a
document to the Department of State constitutes a crime under the laws of the State of Florida, provided for in section 2, F.S.)

April L. Johnson

Typed, printed name of signer

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TALLAHASSEE, FLORIDA

**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 Company is:

LPS Applied Analytics, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

33324

FL

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:

CT Corporation System

(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)

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LPS APPLIED ANALYTICS, 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 NINETEENTH DAY OF FEBRUARY, A.D. 2013.

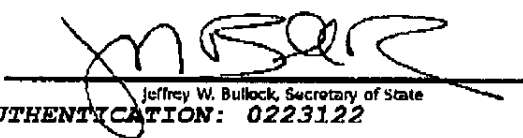
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4886892 8300

130189431

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0223122

DATE: 02-19-13