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MY00004137

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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)N SERVICE COMPANY				
	ACCOUNT NO.	: 12000000	195	
	REFERENCE	: 174170	7956718	
	AUTHORIZATION	: South of	enan	
	COST LIMIT	: \$125.00	man	
ORDER DATE :	June 12, 2014			
ORDER TIME :	1:08 PM			
ORDER NO. :	174170-020			
CUSTOMER NO:	7956718			
NAME :	ELEADZ, LLC			
XXXX QUALIFIC	TATION (TYPE: L	L)		
	THE FOLLOWING AS	PROOF OF FIL	ING:	
XX PLAIN	IED COPY STAMPED COPY ICATE OF GOOD ST	ANDING		Land Land Hard Carlos Land Land Land Land
CONTACT PERSON	I: Emily Gray	EXT# 62925		ISSURY I N
		EXAMINER:		

COVER LETTER

service operations and the service of the

TO: Registration Section Division of Corporations

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SUBJECT: eLeadz, 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:

Karen L. Robb		
Name of Person		
Nationstar Mortgage LLC		
Firm/Company		
350 Highland Drive		
Address		
Lewisville, Texas 75067		
City/State and Zip Code		
karen.robb@nationstarmail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Karen L. Robb972897-9743		
Name of Contact Person Area Code Daytime Telephone Number		
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations		1
Registration Section Registration Section		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	2014	
Enclosed is a check for the following amount:	٦	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy	2014 JUN 12	
	AM 9	
	9: 39	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 eLeadz, LL	С
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(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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-3154263 (FEI number, if applicable)

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(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

_{5.} 750 Highway 121 Bypass, Suite 100

Lewisville, Texas 75067 (Street Address of Principal Office)

₆ 750 Highway 121 Bypass, Suite 100

Lewisville, Texas 75067

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Solutionstar Technology Services LLC, Sole Member

750 Highway 121 Bypass, Suite 100

Karen L. Robb

Lewisville, Texas 75067

8. 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)

Signature of an authorized person

(In accordance with section 605.0203, 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.)

Typed or printed name of signee

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	CEDTIER	CATE OF DESIGNATION OF	
		AGENT/REGISTERED OFFICE	
	REGISTEREL	AGENI/REGISTERED OFFICE	
PURSUANT	TO THE PROVISIONS (OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA	
		IMITED LIABILITY COMPANY SUBMITS THE	
		SIGNATE A REGISTERED OFFICE AND REGISTERED	
	HE STATE OF FLORID		
1. The name	of the Limited Liability (Company is:	
	or the Difficed Diability (Sompany is.	
eLeadz, LLC			
· · · · · ·			
If unavailable	, the alternate to be used	in the state of Florida is:	
If unavailable	, the alternate to be used	in the state of Florida is:	
If unavailable	, the alternate to be used	in the state of Florida is:	-
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		in the state of Florida is: dress of the registered agent and office are:	-
	and the Florida street add	dress of the registered agent and office are:	-
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	and the Florida street add Corporation Service Co 1201 Hays Street	dress of the registered agent and office are: mpany (Name)	-

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2014

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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 605, Florida Statutes.

Corporation Service Company 9mi Asst VP By: (Signature) \$100.00 Filing Fee for Application \$ 25.00 **Designation of Registered Agent** \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELEADZ, 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 TWELFTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEADZ, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2013.

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

ယ Secretary of State Jeffrey W. Bullo AUTHENTICATION: 1446151 DATE: 06-12-14

5359331 8300

140827532 You may verify this certificate online at corp.delaware.gov/authver.shtml

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