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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (850)222-1092

Fax Number

: (850)878-5368

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#### Foreign Limited Liability Company Truman 2013 SC4 REO, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
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SEP 11 2014

S. YOUNG

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### 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)                                | Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |               |
|------------------------------------|---|---------------|
| (If name unavei<br>Liability Compa | ilable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include easy," "L.L.C," or "LLC.")   | "Limited      |
| 2. Delaware                        | 3. 46-4246936   |               |
| (Jurisdiction company is           | under the law of which foreign limited liability (FEI number, if applicable) organized)   | -             |
| 4. 07/01/201                       |   |               |
|                                    | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |               |
| 5. 200 Busin                       | ness Park Drive, Suite 103, Armonk, NY 10504  | <del></del> _ |
|                                    |   |               |
| O                                  | (Street Address of Principal Office)  |               |
| 6. Same                            |   | ,             |
|                                    |   | )             |
|                                    | (Mailing Address)   |               |
| 7. The nam                         | ne, title or capacity and address of the person(s) who has/have authority to manage is/are:   | 5 [           |
| Mitchell Sam                       | aberg, MGRM, 200 Business Park Drive, Suite 103, Armonk, NY 10504   | i et C        |
| · ·                                | 25  |               |
| -                                  | ائم وادر<br>المائية<br>المائية<br>المائية<br>المائية  | <del>_</del>  |
|                                    |   |               |
| having custo                       | is an original certificate of existence, no more than 90 days old, duly authenticated by the ody of records in the jurisdiction under the law of which it is organized. (A photocopy is n If the certificate is in a foreign language, a translation of the certificate under oath of the termitted)                | not           |
|                                    | Joseph Ta-  | ,             |
|                                    | Signature of an authorized person the section 605.0203, P.S., the execution of this document constitutes an offirmation under the penakies of perjury that the facts stated a false information submitted in a document to the Department of State constitutes a third degree follony as provided for in a.817.155, |               |
|                                    | Joseph Tamimi   |               |
|                                    | Typed or printed name of signee   |               |

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

|  | · ¥  |   |
|--|--|---|
| 2. The name and the Florid   | a street address of the registered agent and office a  | re:   |
|  | C T Corporation System   | XX = =  |
|  | . (Name)   |   |
|  | Ÿ  |   |
|  | 1200 South Pine Island Road  | 53 - 1  |
|  | Florida Street Address (P.O. Box NOT ACCEPTABLE)   |   |
|  |  |   |
|  | Plantation F1, 33324   |   |
| <u> </u>   | City/State/Zip   |   |
|  |  | 5째 유  |
| liability company at the place<br>registered agent and agree to<br>statutes relating to the prope<br>accept the obligations of my<br>Statutes. | tered agent and to accept service of process for the e designated in this certificate, I hereby accept the accept in this capacity. I further agree to comply with and complete performance of my duties, and I amposition as registered agent as provided for in Chapan System  Patricia Herrera Assistant Secr | appointment as<br>h the provisions of all<br>familiar with and<br>oter 605, Florida<br>Swan |

Filing Fee for Application
Designation of Registered Agent

Certifled Copy (optional)

Certificate of Status (optional)

S 100.00

5.00

\$ 25.00 \$ 30.00

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUMAN 2013 SC4 REO, 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 THIRD DAY OF SEPTEMBER, A.D. 2014.

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

SECRETAR COFSTATE

5439045 8300

141136696

You may vorify this cartificate online at cosp. dolowers, gov/authvor. dhtml

AUTHENTICATION: 1666824

DATE: 09-03-14