

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

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7 m m + 1	Address:		

Foreign Limited Liability Company LSREF3 Spartan REO, LLC

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Certificate of Status	1
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Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

11/18/2014

COVER LETTER

TO:	Registration Section Division of Corporation	15			
SUBJE	CT: LSREF3 Spartan RI	EO, LLC			
•••		Name of	Limited Liability Company		
				to Transact Business in Florida," lability company to transact busin	
Please r	eturu all carrespondence c	concerning this matter	to the fallowing:		
	Teresa E. DeSin	none			
			Name of Person		
	Hudson Advisor	s LLC			
			Firm/Company		
	2711 N. Haskell	Avenue, Suite 1800			
			Address		
	Dallas, TX 7520)4			
			City/State and Zip Code		
	tdesimone@huds	son-advisors.com			
		fi-mail address: (10	be used for luture annual report	notifications	
For furt	her information concernin	g this matter, please co	all:		
	Teresa E. DeSimone		at (⁹⁷²)	88-2669 Day time Telephony Number	
	Name o	of Contact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	0 R C 24	TREET ADDRESS; ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301		
Enclos	ted is a check for the f	ollowing amount: \$\text{O} \text{S130.00 Filing For Certificate of States}		ee & S160.00 Filing Fee, C of Status & Certified	

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. LSREF3 Spartan REO, LLC	
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "L.L.C.,")	
(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. Deluware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, (fupplicable) company is organized)	
4, upon fiting	
(Date first transacted husiness in Floridu, if prior to registration.) (See sections 605,090-1 & 605,0905, F.S. to determine penalty liability)	
5. 2711 N. Haskell Avenue, Suite 1700	
Dallas, TX 75204	
(Street Address of Principal Office)	7
6. 2711 N. Haskell Avenue, Suite 1700	_
Dallas, TX 75204 Control of the con	<u></u>
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
LSREF3 Spartan REO Mczz, LLC, Sole Member, 2711 N. Haskell Avenue, Suite 1700, Dallas, TX 75204	
Marc L. Lipshy, Vice President, 2711 N. Haskell Avenue, Suite 1800, Dailas, TX 75204	
Summer Trejo, Assistant Vice President, 2711 N. Haskell Avenue, Suite 1800, Dalias, TX 75204	
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)	
Dunn p	
Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes in affirmation under the penalties of penjury that the facts stated herein are train any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817, 153. F.S.)	us. I
Summer Trejo	
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.

1. The name o	f the Limited Liability (Company is:	
LSREF3 Spa	rtan REO, LLC		
If unavailable,	the alternate to be used	in the state of Florida is:	
	(
2. The name a	nd the Florida street add	dress of the registered agent and office are.	
	C T Corporation System		
		(Name)	題章卫
	1200 South Pine Island R		SSEE TO THE
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	F]_ 33324	8: 08
		City/State. Zip	₩ W

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I firther agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Florida Statutes.

Вy.	C T Corporation System	· .	بروس	7	<u> </u>	-
	(Signature)	Michael	Jones.	Assistant	Secretary

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LSREF3 SPARTAN 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2014.

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

5640267 8300

141424999

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

jelfrey W Bullock, Secretary of State

UTHENTYCATION: 1876398

DATE: 11-18-14