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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations TO:

National REO Network, 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 rida..

Please return	all correspondence concerning this m	atter to the following:		
	Adam Kosiorek	<		
		Name of Person		-
	National REO	Vetwork, LL	С	
		Firm/Company		
	28 Terra Road			
		Address		
	Plainville,CT 0	6062		
		City/State and Zip Co	de	
	nationreonetwo	rk@amail.d	om	
		s: (to be used for future ann		otification)
For further in	nformation concerning this matter, ple	ase call:		
Α	dam Kosiorek	_{#.} 860	8, (05-9996
	Name of Contact Person	Area	Code	Daytime Telephone Number
			•-	
Div Reg P.O	ALLING ADDRESS: ision of Corporations gistration Section Box 6327	STREET ADDRESS Division of Corporati Registration Section Clifton Building	ons	
Div Reg P.O	ision of Corporations istration Section	Division of Corporati Registration Section	ons er Circle	
Div Reg P.O Tall Enclosed i	ision of Corporations sistration Section Box 6327	Division of Corporati Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	

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 of the Limited Liability Company is:

National REO Network, LLC

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

Nation REO Network, LLC

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

Nancy Horanz	:y	
	(Name)	
5374 16th Pla	ce, SW	5 MAR
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Naples, FL	_{FL} 34116	
City/State/Zip		<u> </u>

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.

(Signature)

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

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:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alterna- Liability Company," "L.L.C," or "LLC.")	te name must include "Limited
2. State of Connecticut 3. 46-2827411	
(Jurisdiction under the law of which foreign limited liability (FEI number, if ap company is organized)	plicable)
_{4.} N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
28 Terra Road	
Plainville,CT 06062	
(Street Address of Principal Office)	ज ज
28 Terra Road	
Plainville,CT 06062	design O herra
(Mailing Address)	THE E TH
(Manual Vaduess)	
· · · · · · · · · · · · · · · · · · ·	The second second
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
7. The name, title or capacity and address of the person(s) who has/have authority to Adam Kosiorek, Member, 28 Terra Road, Plainville, CT	manage is/are: 06062
7. The name, title or capacity and address of the person(s) who has/have authority to Adam Kosiorek, Member, 28 Terra Road, Plainville, CT Nancy Horanzy, Member, 9 School Street, Suite 5, East Gran Bryan Savoy, Member, 213 Green Road, Manchester, 0	manage is/ære: 06062 nby, CT 06026
7. The name, title or capacity and address of the person(s) who has/have authority to Adam Kosiorek, Member, 28 Terra Road, Plainville, CT Nancy Horanzy, Member, 9 School Street, Suite 5, East Gran	manage is/ære: 06062 nby, CT 06026
7. The name, title or capacity and address of the person(s) who has/have authority to Adam Kosiorek, Member, 28 Terra Road, Plainville, CT Nancy Horanzy, Member, 9 School Street, Suite 5, East Gran Bryan Savoy, Member, 213 Green Road, Manchester, C. 3. Attached is an original certificate of existence, no more than 90 days old, duly authority to the name, title or capacity and address of the person(s) who has/have authority to Adam Kosiorek, Member, 28 Terra Road, Plainville, CT	o manage is/are: 06062 oby, CT 06026 CT 06042 nenticated by the official
7. The name, title or capacity and address of the person(s) who has/have authority to Adam Kosiorek, Member, 28 Terra Road, Plainville, CT Nancy Horanzy, Member, 9 School Street, Suite 5, East Gran Bryan Savoy, Member, 213 Green Road, Manchester, C. Attached is an original certificate of existence, no more than 90 days old, duly authorizing custody of records in the jurisdiction under the law of which it is organized.	manage is/are: 06062 aby, CT 06026 CT 06042 menticated by the official A photocopy is not
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Typed or printed name of signee

Nancy Horanzy

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

NATIONAL REO NETWORK, LLC

a domestic limited liability company, were filed in this office on May 24, 2013.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: March 10, 2015

15 MAR 16 AH 10:51

Business ID: 1108110 Standard Certificate Number: 2015067171001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov