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(((H15000224581 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

date of submission 9/17 Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

**Enter the email address for this business entity to be used fo annual report mailings. Enter only one email address please

Email Address:

Foreign Limited Liability Company New Residential Mortgage LLC

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S. YOUNG

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9/29/2015 10:47:37 AM From: To: 8506176383(2/5) 850-617-6381 9/29/2015 10:39:02 AM PAGE 1/001 Fax Server

September 29, 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: NEW RESIDENTIAL MORTGAGE LLC

REF: W15000064728

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PAGE 1 WITH INFORMATION MISSING (4/5 OF FAX),

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Shelia H Young Regulatory Specialist II FAX Aud. #: E15000224581 Letter Number: 415A00020511

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P.O BOX 6327 - Tallahassee, Florida 32314

9/29/2015 10:47:37 AM From: To: 8506176383(3/5)

COVER LETTER

TO:	Registration Section Division of Corporatio	πs					
SUBJE	CT: New Re	sidential Mortgage LLC		•			
		Name of	Limited Liability (Company			
The enc	losed "Application by Fo	reign Limited Liability Comp ed to register the above refere	pany for Authoriza enced foreign limit	tion to Tra ted liability	ansact Business in Flor y company to transact l	ida," Certifi business in I	cate of Florida
Picase r	eturn all correspondence	concerning this matter to the	following:				
		N	ame of Person				
							
		Fi	irm/Company				
			Address				
		C)(C)	ut - 12° Code		·····		
		City/S	tate and Zip Code				
	m	torre@fortress.					
		E-mail address: (to be used	for future annual	report not	ification)		
For furti	her information concernin	g this matter, please call:				,,	
						至6	ភ
	<u></u>		_at (·		v _
	Name o	of Contact Person	Area Code	Day	time Telephone Numb	er E	# I
	MAILING ADDRESS:				ADDRESS:	SS	- I
	Division of Corporations Registration Section	ł			of Corporations on Section	mo.	٠ ١
	P.O. Box 6327			Clifton B	uilding	1100	
	Tallahassec, FL 32314				eutive Center Circle ee, FL 32301		至 D OS
Enclosed	d is a check for the follow					1-	
	□ \$125,00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	■ \$150,00 Filing Fe of Status & Certified	•	e

9/29/2015 10:47:37 AM From: To: 8506176383(4/5)

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

IN COMPLIANCE WITH SECTION 605.09(2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. New Residential Mor	eign Limited Liability Company;	must include "Limited Liah	nility Company." L.L.C.," or "	LLC.")
If name unavailable, enter al Liability Company," "L.L.C,	Itemate name adopted for the pur	pose of transacting business	s in Florida. The alternate name	must include "Limited
Delaware	•	3, 32-0433095		
(Jurisdiction under the law company is organized)	of which foreign limited liability	,	(FFI number, if applicable)	
N/A				
· 	(Date first transacted by	siness in Florida, if prior to 605.0905, F.S. to determine	registration.)	
1345 Avenue of the Ar	mericas, 46th Floor, New Yor		penanty natinty)	
	······································			
	(Street Address	of Principal Office)		
1345 Avenue of the An	nericas, 46th Floor, New York			
' 	······································			型の 講
	(Maili	ng Address)		
Nicona and street at 1 -	•	· ·	.ht.x	2 6
Nume and street addres	a of Florida registered agent:	(P.O. BOX NOT accept	iole)	
Name:	C T Corporation System		•	留生 7
Office Address:	1200 South Pine Island Ros	d	-	
	Plantation		Florida 33324	500
	(City)		(Zip code)	意言の
egistered agent's accept <i>avino been named as re</i> s	tauce: g <i>istered agent and to accept</i> :	service of process for the	above stated corporation a	t the place designated
is application, I hereby i	accept the appointment as rej	gistered agent and agree	to act in this capacity. I fu	rther agree to comply
ith the provisions of all s ie obliguiions of my posh	statutes relative to the proper tion as registered agent.			
B		Corporation System		Younan
_,		sistered agent's signature)	Assistant	: Secretary
The name title or cons	city and address of the person	(s) who has/have authori		•
Cameron McDougail, Au	•		y to manage trades.	
	icas, 46th Floor, New York, N	JV 10104		·
343 Avenue of the Amer.	icas, 40th Flour, 14th Tolk, 1	110100		
				
	of existence, no more than 90 of which it is organized. (If the			
the translator must be su		•		
	Oh			
	Signat	ure of an authorized person		
	in accordance with section 60 the Department of State const			
	Cameron McDougall, Author	orized Person		
•	Typed o	or printed name of signee		

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEW RESIDENTIAL MORTGAGE 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2015.

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

SERVETARY OF STATE

5471173 8300

SR# 20150163500

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

Authentication: 10080837

Date: 09-17-15