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DEC 09 2015 J. HARRIS

## Chestnut Lender Services, LLC

50 Route 46 West, Suite 100, Parsippany, NJ 07054 Tel: 866-201-5093 Fax: 973-440-1641

December 4, 2015

### **VIA FEDERAL EXPRESS MAIL DELIVERY**

Ms. Jenna Harris FL Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Chestnut Lender Services, LLC - Application for Foreign LLC Registration

Dear Ms. Harris,

Please find enclosed the NJ Certificate of Good Standing, dated Dec 2, 2015, which was requested for our FL foreign LLC registration.

If you have any questions or need additional information please contact me by phone: (973) 882-3200 ext. 8775 or email at jkim@goahl.com.

Respectfully yours,

Ji Kim

Licensing Specialist jkim@goahl.com

P: 973-830-8775 F: 973-241-7803

**Enclosures** 



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2015

CHESTNUT LENDER SERVICES, L.L.C. 50 ROUTE 46 WEST, SUITE 100 PARSIPPANY, NJ 07054

SUBJECT: CHESTNUT LENDER SERVICES, L.L.C.

Ref. Number: W15000075737

We have received your document for CHESTNUT LENDER SERVICES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00024399

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www.sunbiz.org

## 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 RESIDENCE IN THE STATE OF FLORIDA:

1, Chestnut Lender Service (Name of Fore		de "Limited Liability Company," "L.L.C.," or "	LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of tran	nsacting business in Florida. The alternate name	: must include "Limit	cd
New Jersey		61-1596307		
	of which foreign limited liability	(FEI number, if applicable)		
4.				
<del></del>	(Date first transacted business in Flo (See sections 605,0904 & 605,0905, F	orida, if prior to registration.)		
5. 50 Route 46 West, Sui				
Parsippany, NJ 07054			-· 1/2	
	(Street Address of Principa	d Office)	2015	€FEIGHT 1
6. 50 Route 46 West, Suit	e 100		<u> </u>	3 1
Parsippany, NJ 07054			88 VIII 1985 6-3	Company :
	(Mailing Address	<del>(</del> )	ři ří	FAST OF
7. Name and street addres	s of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	PH 2:	
Name;	Corporation Service Company		97 <b>9</b>	·
Office Address:	1201 Hays Street		نسد	
	Tallahassee	, Florida 32301		
Registered agent's accep	(City)	(Zip code)		
designated in this applica to complywith the provisi	tion, I hereby accept the appointment a ons of all statutes relative to the proper my position as registered agent.	process for the above stated limited liabiling registered agent and agree to act in this and complete performance of my duties, entry entry signature)	capacity. I furthe	er agree
9 The name title or can	icity and address of the person(s) who h			
•	horized Member	assuare authority to manage israte.		
	3A, P.O. Box 2006, Pine Brook, NJ 07	054		
	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
	of which it is organized. (If the certifical abmitted)	duly authenticated by the official having c te is in a foreign language, a translation of uthorized person		
This document is executed submitted in a document to	in accordance with section 605.0203 (I the Department of State constitutes a th	i) (b), Florida Statutes. I am aware that any nird degree felony as provided for in s.817.	false information 155, F.S.	
	Edmund Buchser			

Typed or printed name of signee

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### CHESTNUT LENDER SERVICES, L.L.C.

0600343522

With the Previous or Alternate Name

## CHESTNUT APPRAISAL MANAGEMENT COMPANY (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 4, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Edmund Buchser 20 Chapin Road Unit 1013a Post Office Box 2006 Pine Brook, NJ 07058 2006



Certification# 137744853

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of December, 2015

OM Budden

Ford M Scudder
Acting State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify Cert.jsp