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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/22/16

NAME:

VERUS RESIDENTIAL LOANCO, LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	S						
SURJECT:	Verus Residential Loanco, LI C							
	Name of Limited Liability Company							
The enclosed Existence, ar	E"Application by For nd check are submitted	eign Limited Liability Comp I to register the above refere	any for Authorizat aced foreign limite	ion to Tran d liabitity	nsact Business in Florida," Certificate of company to transact business in Florida			
Please retur	all correspondence c	oncerning this matter to the (following:					
	Danc Smith							
	Name of Person							
	Verus Residential I oanco, LLC							
	Firm/Company							
	1155 F.St., N.W., Suite 1075							
	Address							
	Washington, DC 20004							
	City/State and Zip Code							
	hmoon@mymortgagelicense.com							
	E-mail address: (to be used for future annual report notification)							
For further i	aformation concerning	g this matter, please call:						
Da	ne Smith			393-650	29			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section 9.0. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations on Section wilding entive Center Circle				
Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status		☐ \$155.00 Filing Fee & Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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 ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Verus Residential Loanco, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.") (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. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 1155 F St., N.W., Suite 1075 Washington, DC 20004 (Street Address of Principal Office) 6, 1155 F St., N.W., Suite 1075 Washington, DC 20004 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tallahassee , Florida 32301 (Zin code) (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my physicion as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Dane Smith, President; Troy Gibbens, Vice President; Christopher DeMulder, Vice President: 1155 F St., N.W., Suike 1075

Ann Kulenkamp, Vice President 1155 E CL N. 1 C. 12 1075

Wishington DC 20004 9. Attached is a 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: (I) the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Signature of an authorized person

Yanc Smith
Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERUS RESIDENTIAL LOANCO, 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 TWENTY-FIRST DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERUS

RESIDENTIAL LOANCO, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER,

A.D. 2014.

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

2016 APR 22 AM 7: 49
SHURE MAY OF SHATE TALL AHASSEE FI DATE

at corn delaware gov/auti

Authentication: 202189312

Date: 04-21-16