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cT:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (614)280-3338

Phone Fax Number : (954)208-0845

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

Email Address:

## Foreign Limited Liability Company AGNC Mortgage Management, LLC

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## COVER LETTER

TO:	Registration Section Division of Corporation	ns				
SUBJE	AGNC Mortgage M	fanagement, LLC				
00232		Name of I	Jimited Liability (	атрапу		
		reign Umited Liability Comp ed to register the above refere				
Please r	eturn all correspondence	concerning this matter to the	following:			
	Kenneth Pollac	ek				
	**************************************	N	ame of Person			
	AGNC Mortga	ige Management, LLC				
	Firm/Company					
	2 Bethesda Metro Center, 12th Floor					
	Address					
	Bethesda, MD	20814				
		City/S	tate and Zip Code	<del></del>		<u>.</u> 50
	AGNC-Complia	-				
		E-mail uddress: (to be use	d for future annual	report not	ification)	# PER
For furt	her information concerning	ng this matter, please call:				- 1 888F
	Pamela Powell		301 ut (	841-13	70	3
	Name	of Contact Person	Area Code	Day	time Telephone Number	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Boπ 6327 Talluhussee, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	<b>92</b>
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount:  \$130.(X) Filing Fee & Certificate of Status	☐ \$155.00 F(fii Certified Copy		\$160.00 Filing Fee, Co. of Status & Certified Cop.	

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

AGNC Morigage Mana				
(Name of Fore	ign Limited Liability Company; must includ	e "Limited Liability Cor	npany," "L.L.C.," or "L.L.C.")	
iability Company," "L.L.C,"	ternate name adopted for the purpose of tran	sacting business in Flori	ida. The alternate name must include	e "Limited
Delaware	3.			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(PE) a	number, if applicable)	<del></del>
,	(Date first transacted business in Fig (See sections 605,0904 & 605,0905, F	orida, if prior to registris	ions)	
2 Bethesda Metro Cent	(See sections 605.0904 & 605.0905, Feer, 12th Floor	.S. to determine penalty	liabitity)	
Bethesda, MD 20814				
	(Street Address of Principa	(Office)		تعسي
2 Bothesda Metro Cente	er, 12th Floor		ers spip papalane - nPolytePES spisys	~1
Bethesda, MD 20814				FEB-1
grier democra esses survey i errori rene resear stigministenssignessign and	(Mading Address	)	· · · · · · · · · · · · · · · · · · ·	1
. Name and street address	g of Plorida registered agent: (P.O. Box	NOT acceptable)		
Name:	C T Corporation System	***		玉
Office Address:	1200 South Pine Island Road			Ğ
	Plantation (City)	Flori	33324	2
	(City)	1 1011	(Zip code)	
lesignated in this applicate of complywith the provision occupt the obligations of r		is registered agent an and complete perfori	d agree to act in this capacity. I	I further a amiliar wi
8. The name title or cons	city and address of the person(s) who h	nadhava anthatiru ta m	ananı islare	
	ident, 2 Bethosda Metro Center, 12th Fl	· ·	<del>-</del>	
Peter Federico, Executive	Vice President and Treasurer, 2 Bethes	da Metro Center, 12th	FI, Bethesda, MD 20814	
Kenneth Pollack, SVP, Ge	meral Counsel and Secretary, 2 Bethesd	la Metro Center, 12th	FI, Bethesda, MD 20814	
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old of which it is organized. (If the certifical abmitted)	te iş in a foreign langu	the official having custody of re lage, a translation of the certifica	cords in ti ite under o
This document is executed	in accordance with section 605 0203 (1	) (b) Florida Statuse	I am aware that any false inform	untion
	in accordance with section 605,0203 () the Department of State constitutes a th			ation

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AGNC MORTGAGE MANAGEMENT, 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 FIRST DAY OF FEBRUARY, A.D. 2017.

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

SECRETARY OF LOTION

4486345 8300 SR# 20170582935

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

Authentication: 201967655

Date: 02-01-17